

# STATE WELL REPORT

## Part 1

### Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225-2309  
(601)961-5555  
(601)961-5228 (fax)

County: Walthall  
Permit #: MS-GW-17406  
Driller: Griner Drilling Service  
Date drilling completed: 9/4/19

**For Office Use Only:**  
Well #: E253  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

*State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.*

Well Owner Information <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Magee's Creek Water ASSN.</u>	Latitude: <u>31°9'24.03 N</u> Longitude: <u>90°12'5.65 W</u>
Mailing Address: <u>515 Mannings Crossing RD.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Tylertown</u> MS <u>39667</u>	<u>NE</u> ¼ <u>NW</u> ¼, Sec <u>09</u> T <u>02N</u> R <u>10E</u>
City State Zip Code	<u>0.55</u> Miles <u>N</u> of <u>Highway 98</u>
Telephone No. ( <u>601</u> ) <u>876-4838</u>	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 9-14-18 Date drilling completed: 9-17-18 Hole depth: 420' Hole diameter: 21"

Location of the source of any surface water used for drilling: N/A

Method of dosing and volume of Chlorine used in drilling and development: Mixed in circulating pits.

Logs run (check all applicable):  log run  Electric  Gamma Ray  Density  Sonic  Neutron Other: \_\_\_\_\_

Name of organization running log(s): Griner Drilling Service

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation  Ground Source Heat Pump  Seismic Survey Other (describe) \_\_\_\_\_

*If drilling is not related to water well construction, skip the remainder of this block*

Purpose of Well (check all applicable):  Home  Industrial  Public Supply  Irrigation  Fish Culture

Other (describe): \_\_\_\_\_

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 97' feet  above or  below land surface Date measured: \_\_\_\_\_  
(check one)

Method of measurement (check one)  Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

Well depth: 410' Well grouted to a depth of: 334' feet Type of grout (check one)  Neat Cement  Bentonite  Mix

Casing length: 334' feet Casing diameter: 16" inches Type of casing: Steel

Screen length: 70' feet Screen diameter: 10" inches Type of screen: Stainless

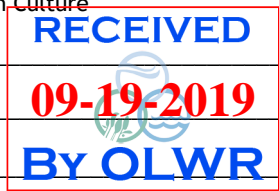
Screen slot size: 30 inches Setting depth: From 340 feet to 410 feet

Type of completion (check all applicable)  gravel packed  Underreamed  Open hole  Natural Development

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: 266' feet

*If telescoped or more than one screen, describe on next page*




County: Walthall  
 Permit #: MS-GW-17406



**For Office Use Only:**  
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The sketch below only required for water wells  
If well telescopes, show depths on sketch.

Ground Level   
 See attached drawing

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground level	
sand	0	20
sand and gravel	20	60
gravel	60	80
gravel and sand	80	100
sand	100	120
sand and gravel	120	140
gravel	140	160
clay and gravel	160	200
sand and gravel	200	220
gravel	220	280
rock	280	300
gravel	300	320
sand and clay	320	360
sand	360	400
sand and clay	400	420

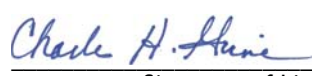
If more than one screen, show location of each on sketch

- Sketch the property layout and include the following:
- 1) the well location
  - 2) any permanent structures on the property that may aid in locating the well
  - 3) any roads, power lines, or other items that may aid in locating the property and the well
  - 4) north arrow

See attached map with well location

Landowner Name: \_\_\_\_\_

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Charles Griner                      0-184                      9-16-19                       \_\_\_\_\_  
 Print Name of Responsible Licensee and License No.                      Date                      Signature of Licensee

# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225-2309  
 (601)961-5210  
 (601) 360-0535 (fax)

### For Office Use Only:

Well #: E253  
 Aquifer: \_\_\_\_\_

County: Walthall  
 Permit #: MS-GW-17406  
 Driller: Griner Drilling Service  
 Date completed: 9-4-19  
Copy information from block on Part 1

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>Magee's Creek Water ASSN</u>	Latitude: <u>31°9'24.03 N</u> Longitude: <u>90°12'5.65 W</u>
Mailing Address: <u>515 Mannings Crossing RD.</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
Tylertown MS 39667	_____ 1/4 _____ 1/4, Sec _____ T _____ R _____
City State Zip Code	<u>0.55</u> Miles <u>N</u> of <u>Highway 98</u>
Telephone No. ( <u>601</u> ) <u>876-4838</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (check one)**

Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_

Date Pump Installed: 7-31-19 Rated Pump Capacity: 500 Gallons Per Minute

Is This Pump (check one):  New  Repaired  Replacement

**Power Type (check one)**

Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 50 Setting Depth: 196' feet Number of Stages: 4

**Pump Test Data for Non Flowing Well**

Date Well Tested: 4/24/19 Duration of Pump Test (minimum 4 hours): 24 hours

Static Water Level (A): 97' Feet Below Land Surface Pumping Water Level (B): 134.02 Feet Below Land Surface

Drawdown [(B) - (A)]: 37.02 Feet Below Land Surface Test Pumping Rate: 510 Gallons Per Minute

Method of measurement (check one): Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**

Measured shut in head: \_\_\_\_\_ feet.

Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**

Meter Manufacturer: Water Specialties Meter Serial Number: \_\_\_\_\_

Meter Model Number/Name: ML04 Type of Meter: Propellor

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): gal x 1000

Installation Date: August 2019 Meter installed by: Griner Drilling

Is This Meter (check one):  New  Repaired  Replacement

*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*



I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Charles H. Griner 9-16-19 Charles H. Griner

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

# Untitled Map

Write a description for your map.

## Legend

**E253 Walthall Co.**



Magee's Creek Mesa Well

Magee's Creek Mesa Well

