

# State Well Report

## Part 1

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: G-53  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Amite  
Permit #: \_\_\_\_\_  
Driller: GRENN WATER WELL & SUPPLY, INC.  
Date drilling completed: 4/29/05

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name <u>J. D. Cruise</u>	Latitude: <u>31° 11' 27.5"</u> Longitude: <u>90° 52' 43.0"</u>
Mailing Address: <u>3711 Old 24 Compromiser Rd</u>	Method of Lat/Long (circle one): Conventional Survey, <u>16</u>
<u>Liberty MS 39645</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 26 Twn 3N Rng 3E</u>
Telephone No. <u>(601) 431-0742</u>	Distance Direction Nearest Town
	<u>5</u> Miles <u>W</u> of <u>Liberty</u>

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: 4/29/05 Date well drilling completed: 4/29/05  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 65 feet above or below (circle one) land surface Date measured: 4/29/05  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 139 Well depth: 132 Well grouted to a depth of 10 feet  
Type of grout (circle one): Cement Bentonite Mix  
Casing length: 92 feet Casing diameter: 41 inches Type of casing: PVC  
Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC  
Screen slot size: .010 inches Setting depth: From 92 feet to 132 feet  
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
Other (describe): \_\_\_\_\_  
Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. If telescoped or more than one screen, describe on back of page  
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_  
Name of organization running log(s): \_\_\_\_\_

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi

Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

GRENN WATER WELL & SUPPLY, INC.

Brian McClendon, lic. no. 0-664

Print Name of Water Well Contractor and License No.

*Brian McClendon*

Signature of Water Well Contractor

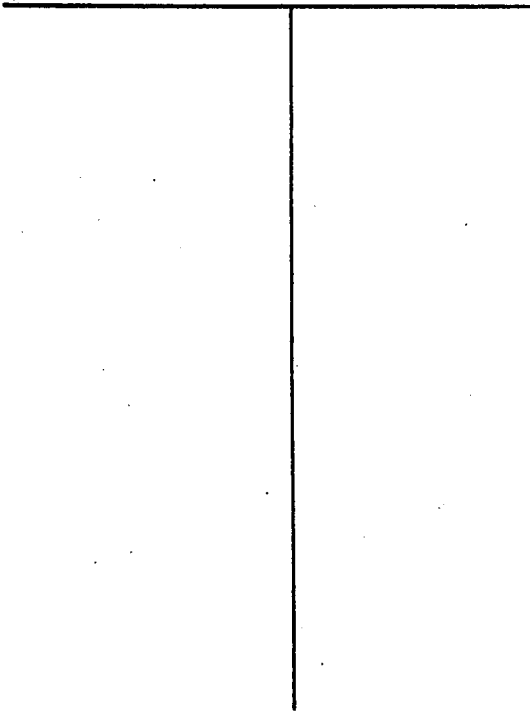
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BY: OLWR

If well telescopes please sketch below and show depths.

Ground Level



G-53

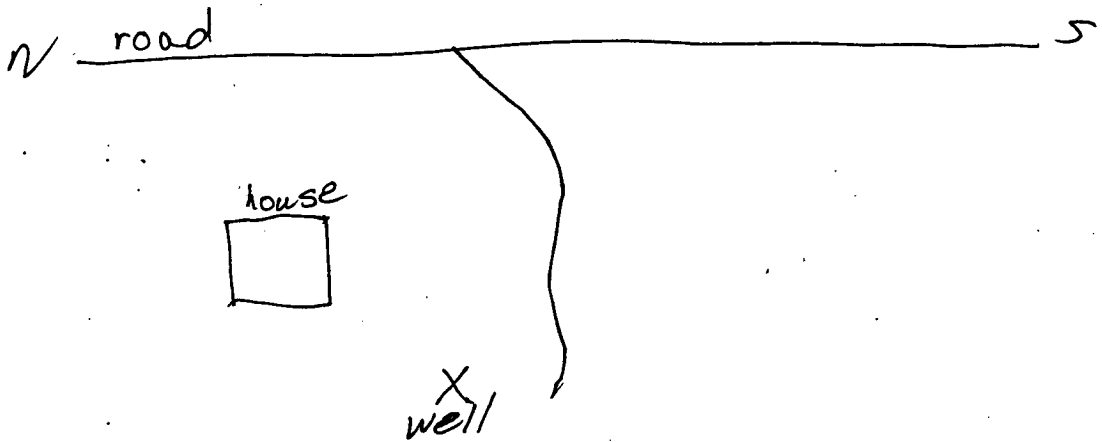
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
red clay	0	17
streaky	17	60
sand & gravel	60	100
sand / clay streaks	100	120
gravel	120	132
white clay	132	139

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) indicate direction.



Landowner Name: J. D. Cruise

Brian McClendon  
Signature of Water Well Contractor

Brian McClendon, lic. no. 0-664  
GRENN WATER WELL & SUPPLY, INC.

# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

**For Office Use Only:**

Aquifer: \_\_\_\_\_

Well #: G-53

Elevation: \_\_\_\_\_

County: Amite  
 Permit #: \_\_\_\_\_  
 Driller: GRENN WATER WELL & SUPPLY, INC.  
 Date completed: 5/3/05

**This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.**

Well Owner Information	Well Location
Owner Name: <u>J. D. Cruise</u>	Latitude: <u>N31° 11' 27.5"</u> Longitude: <u>W90° 52' 43.0"</u>
Mailing Address: <u>3711 Old 24 Compromise</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Liberty MS 39645</u>	USGS quad <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 26 Twn 3N Rng 3E</u>
Telephone No. <u>(601) 431-0742</u>	Distance Direction Nearest Town
	<u>5 Miles W of Liberty</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>5/3/05</u>	Setting Depth: <u>95</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5/3/05</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input type="radio"/> Steel Tape
Static Water Level (A): <u>65</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>68</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>3</u> Feet Below Land Surface	Well yielded <u>14</u> GPM with a drawdown of
Test Pumping Rate: <u>14</u> Gallons Per Minute	<u>3</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

GRENN WATER WELL & SUPPLY, INC.  
 William Hardin, lic. no. 0-717P  
 Print Name of Pump Installer and License No. (if applicable)

William Hardin  
 Signature of Pump Installer

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