

# 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: K 116  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Amite  
Permit #: \_\_\_\_\_  
Driller: GRENN WATER WELL & SUPPLY, INC  
Date drilling completed: 5/24/10

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>Ricky Jackson</u>	Latitude: <u>31° 11' 28.7" N</u> Longitude: <u>90° 34' 48" W</u>
Mailing Address: <u>7474 Hwy 24.48</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u>
<u>Summit MS 39666</u>	USGS quad: <u>SE 1/4 NE 1/4 Sec 27 Twn 3N Rng 6E</u>
City: <u>341</u> State: <u>MS</u> Zip Code: <u>39666</u>	Distance: <u>6</u> Miles Direction: <u>W</u> of Nearest Town: <u>McComb</u>
Telephone No. <u>(601) 961-9111</u>	

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 5/24/10 Date well drilling completed: 5/24/10

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

Static Water Level: 45 feet above or below (circle one) land surface Date measured: 5/24/10

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Hole depth: 136' Well depth: 130' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 120 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 1/80 inches Setting depth: From 120 feet to 130 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.  
WILLIAM L. HARDIN, LIC. NO. 0-802

Print Name of Water Well Contractor and License No.

William Hardin  
Signature of Water Well Contractor

RECEIVED  
JUN 07 2010  
BY: OLWR

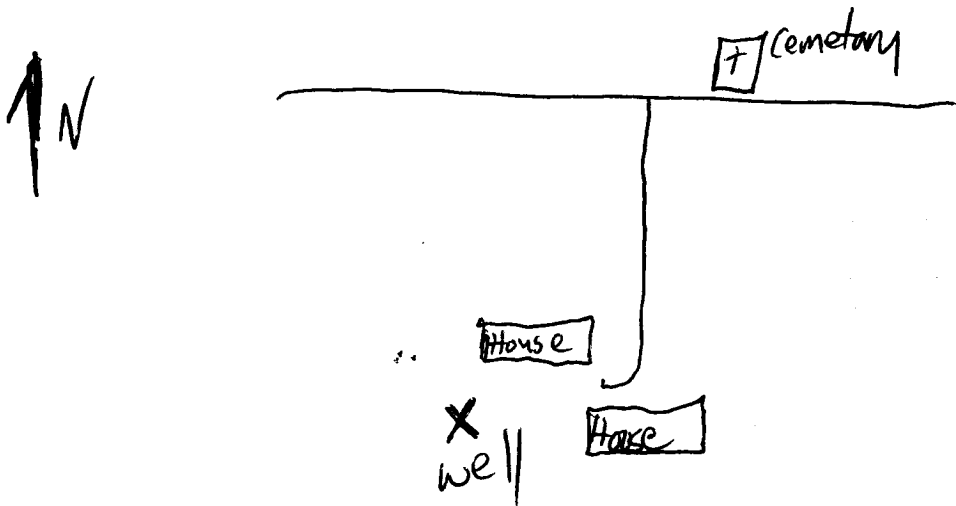
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Red Sandy <i>Chromede Clay</i>	0	70
<i>Course Sand &amp; Gravel</i>	70	136

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: Ricky Jackson

GRENN WATER WELL & SUPPLY, INC.  
WILLIAM L. HARDIN, LIC. NO. 0-802

Oliver Hardy  
Signature of Water Well Contractor

# 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: Kille  
 Well #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

County: Amite  
 Permit #: \_\_\_\_\_  
 Driller: GRENN WATER WELL & SUPPLY, INC.  
 Date completed: 6/11/10

**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>Ricky Jackson</u>	Latitude: <u>31° 11' 78.7" N</u> Longitude: <u>90° 34' 80.4" W</u>
Mailing Address: <u>7474 Hwy 24-48</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad <u>Hand-held GPS</u> , Survey-grade GPS
<u>Summit MS 39666</u> City State Zip Code	<u>SE</u> 1/4 <u>NE</u> 1/4 Sec <u>27</u> Twn <u>3N</u> Rng <u>6E</u> <u>SW</u> <u>NW</u> Direction <u>26</u> Nearest Town
Telephone No. <u>(601) 341-9111</u>	<u>6</u> Miles <u>W</u> of <u>McCumb</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket: Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> <u>Hand</u> <input checked="" type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>6/11/10</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6/1/10</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>45</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded <u>3</u> GPM with a drawdown of _____
Test Pumping Rate: <u>3</u> Gallons Per Minute	<u>0</u> feet after <u>til ya give out</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>fast as you can pump</u> hours	

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

GRENN WATER WELL & SUPPLY, INC.  
WILLIAM I. HARDIN, LIC. NO. 0-802  
 Print Name of Pump Installer and License No. (if applicable)

William Hardin  
 Signature of Pump Installer

RECEIVED  
 JUN 07 2010  
 BY: OLWR