

# 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 #: K49  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Copiah  
Permit #: \_\_\_\_\_  
Driller: GRENN WATER WELL & SUPPLY, INC.  
Date drilling completed: 8/17/11

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>Wes Fitzpatrick III</u>	Latitude: <u>31° 56' 96"</u> Longitude: <u>90° 20' 54"</u>
Mailing Address: <u>1144 Leighton Ln NW</u>	Method of Lat/Long (circle one): Conventional Survey, <u>57</u>
<u>Brookhaven MS 39601</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SE</u> 1/4 <u>SW</u> 1/4 Sec <u>6</u> Twn <u>1N</u> Rng <u>14W</u>
Telephone No. <u>(601) 835-7305</u>	Distance: <u>2</u> Miles Direction: <u>SE</u> of Nearest Town: <u>Crystal Springs</u>

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: 8/17/11 Date well drilling completed: 8/17/11  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 65 feet above or below (circle one) land surface Date measured: 8/17/11  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 135 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: .010 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.  
BRIAN D. McCLENDON, UNR-00000664

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

Brian McCleendon

RECEIVED

SEP 16 2011  
BY: OLWR



# 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 #: 149

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

County: Copiah  
 Permit #: \_\_\_\_\_  
 Driller: GRENN WATER WELL & SUPPLY, INC.  
 Date completed: 8-27-11

**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>Wes Fitzpatrick</u>	Latitude: <u>31° 56' 96"</u> Longitude: <u>90° 20' 51"</u>
Mailing Address: <u>1144 Keighton Ln.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Brookhaven, Ms.</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code <u>39601</u>	<u>SE 1/4 SW 1/4 Sec 6</u> Twn <u>1</u> Rng <u>1 W</u>
Telephone No. <u>(601) 835-7305</u>	Distance Direction Nearest Town <u>2</u> Miles <u>SE</u> of <u>Crystal Springs</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <u>Piston</u> Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	<u>Windmill</u> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>8/27/11</u>	Setting Depth: <u>110</u> feet
Rated Pump Capacity: <u>5</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8/27/11</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>65</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>100</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>35</u> Feet Below Land Surface	Well yielded <u>3</u> GPM with a drawdown of
Test Pumping Rate: <u>3</u> Gallons Per Minute	<u>35</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.  
 BRIAN D. McCLENDON, UNR-00000664  
 Print Name of Pump Installer and License No. (if applicable) Brian McCleendon  
 Signature of Pump Installer