

# 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)

County: Copiah  
Permit #: \_\_\_\_\_  
Driller: GREENN WATER WELL & SUPPLY, INC.  
Date drilling completed: 11-15-12

### For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: R38  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

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>John Mixon</u>	Latitude: <u>31° 48.609</u> Longitude: <u>90° 10.980</u>
Mailing Address: <u>14009 Hwy 472</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , <u>36</u> <u>59</u>
<u>Georgetown</u> <u>MS</u> <u>29078</u> City State Zip Code	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
Telephone No. <u>(601) 940-6495</u>	<u>NW</u> <u>SE</u> Sec <u>27</u> Twn <u>10N</u> Rng <u>10E</u> <u>SW</u> <u>NE</u> Distance Direction Nearest Town <u>1</u> Miles <u>NW</u> of <u>Rockport</u>

**Well Data**

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

Date well drilling started: 11-15-12 Date well drilling completed: 11-15-12

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

Static Water Level: 78 feet above or below (circle one) land surface Date measured: 11-15-12

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

Hole depth: 102 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 90 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 90 feet to 100 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.

GREENN WATER WELL & SUPPLY, INC.  
BRIAN D. McCLENDON, UNR-00000664

Brian McCleendon

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

RECEIVED  
DEC 11 2012  
BY: DUNN



# 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 #:   R38  

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

County: Copiah  
 Permit #: \_\_\_\_\_  
 Driller: GREENN WATER WELL & SUPPLY, INC.  
 Date completed: 12/5/12

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>John Mixon</u>	Latitude: <u>31° 48' 607"</u> Longitude: <u>90° 10' 980"</u>
Mailing Address: <u>14009 Hwy 472</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Georgetown MS 39078</u> City State Zip Code	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
Telephone No. <u>(601) 940 6495</u>	<u>NW 1/4 SE 1/4 Sec 27 Twn 10N Rng 10E</u> SW NE Distance Direction Nearest Town <u>1 Miles NW of Rockport</u>

Pump Type Circle one	Power Type Circle one
Air Lift            Jet            Submersible	Diesel Engine    Gasoline Engine    Natural Gas
Bucket            Piston            Turbine	Electric Motor    Hand            Tractor PTO
Centrifugal       Rotary            Flowing Well	Windmill            Other (specify): _____
Other (specify): <u>Hand Pump</u>	Horse Power Rating of Motor: _____
Date Pump Installed: <u>12/5/12</u>	Setting Depth: <u>96'</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12/5/12</u>	Air Line            Electric Measuring Line            Steel Tape
Static Water Level (A): <u>78</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>78</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>0</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>0</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.

WILLIAM L. HARDIN, V, UNR-00000802

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

William Hardin  
 Signature of Pump Installer