

# 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 #: E-23  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Franklin  
Permit #: \_\_\_\_\_  
Driller: GRENN WATER WELL & SUPPLY, INC.  
Date drilling completed: 4/15/05

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>John Grice</u>	Latitude: <u>31° 35' 58" N</u> Longitude: <u>90° 41' 24" W</u>
Mailing Address: <u>2415 Choctaw Rd NE</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Brookhaven MS 39601</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NW 1/4 SW 1/4 Sec 3 Twn 7N Rng SE</u>
Telephone No. ( ) <u>none</u>	Distance Direction Nearest Town <u>6</u> Miles <u>N</u> of <u>McCall Creek</u>

### Well Data

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

Date well drilling started: 4/15/05 Date well drilling completed: 4/15/05

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

Static Water Level: 125 feet above or below (circle one) land surface Date measured: 4/15/05

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

Hole depth: 207 Well depth: 200 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 190 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 190 feet to 200 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.

Signature of Water Well Contractor

Brian McClendon

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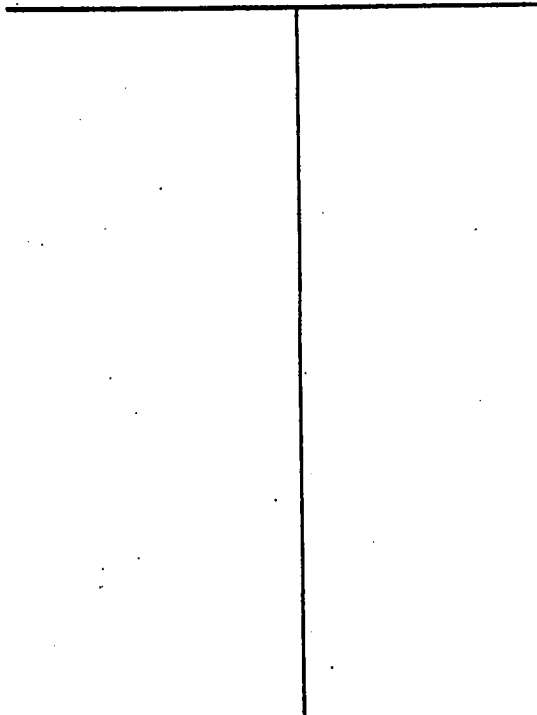
MAY 06 2005

BY: OLWR

If well telescopes please sketch below and show depths.

E-23

Ground Level



Description of Formations Encountered	From	To
streaky	0	50
white clay	50	80
blue clay	80	128
fine sand (clay streaks)	128	170
coarse sand	170	200
blue clay	200	207

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: Grice

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 #: E-23  
 Elevation: \_\_\_\_\_

County: Franklin  
 Permit #: \_\_\_\_\_  
 Driller: Green Water Well Supply  
 Date completed: 4/15/05

**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>John Grice</u>	Latitude: <u>31° 35.970'</u> Longitude: <u>90° 41.245'</u>
Mailing Address: <u>2415 Choctaw Rd NE</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Brookhaven MS 39601</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NW¼ SW¼ Sec 3 Twn 7N Rng 5E</u>
Telephone No. ( ) <u>none</u>	Distance Direction Nearest Town
	<u>6 Miles N of McCall Creek</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 <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>4/15/05</u>	Setting Depth: <u>150</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4/15/05</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>125</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>127</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>2</u> Feet Below Land Surface	Well yielded <u>12</u> GPM with a drawdown of
Test Pumping Rate: <u>12</u> Gallons Per Minute	<u>2</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.  
 GREENN 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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MAY 06 2005

BY: OLWR