

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-31
L. S. Elevation: _____
E-log #: _____

County: Franklin
Permit #: _____
Driller: GRENN WATER WELL & SUPPLY, INC.
Date drilling completed: 7/9/08

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>Nancy Perry</u>		Latitude: <u>31° 32' 47.6"</u> Longitude: <u>90° 42' 53.9"</u>	
Mailing Address: <u>2361 McCall Creek Rd</u>		Method of Lat/Long (circle one): <u>Conventional Survey</u>	
<u>McCall Creek ms 39647</u>		USGS quad: <u>Hand-held GPS</u> Survey-grade GPS	
City State Zip Code		<u>SE 1/4 54 28 Twn 7N Rng 5E</u>	
Telephone No. <u>(601) 384-0967</u>		Distance Direction Nearest Town <u>2.5 Miles N of McCall Creek</u>	
Well Data			
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____			
Date well drilling started: <u>7/9/08</u> Date well drilling completed: <u>7/9/08</u>			
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>187</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>7/9/08</u>			
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____			
Hole depth: <u>337</u> Well depth: <u>330</u> Well grouted to a depth of <u>10</u> feet			
Type of grout (circle one): Cement <u>Bentonite</u> Mix			
Casing length: <u>320</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>			
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>			
Screen slot size: <u>.010</u> inches Setting depth: From <u>220</u> feet to <u>330</u> feet			
Type of completion (circle all applicable): <u>Gravel packed</u> 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): <u>No log run</u> 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		<u>Brian McClendon</u>	
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

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BY: OLWR

