

# 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: Franklin  
Permit #: \_\_\_\_\_  
Driller: GRENN WATER WELL & SUPPLY, INC.  
Date drilling completed: 3-16-11

For Office Use Only:  
Aquifer: E42  
Well #: \_\_\_\_\_  
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>Clay Griffin</u>	Latitude: <u>31° 33' 35"</u> Longitude: <u>90° 43' 19"</u>
Mailing Address: <u>632 Old CC 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</u> <u>SE</u> <u>SE</u> <u>SE</u> <u>SE</u> 1/4 1/4 Sec <u>20</u> Twn <u>7N</u> Rng <u>5E</u>
Telephone No. <u>(601) 842-6065</u>	Distance Direction Nearest Town <u>3</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: cattle

Date well drilling started: 3-16-11 Date well drilling completed: 3/16/11

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

Static Water Level: 200 feet above or below (circle one) land surface Date measured: 3/16/11

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

Hole depth: 315 Well depth: 290 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 280 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 280 feet to 290 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. Brian McClendon  
Signature of Water Well Contractor

RECEIVED  
MAR 31 2011  
BY: OLWR

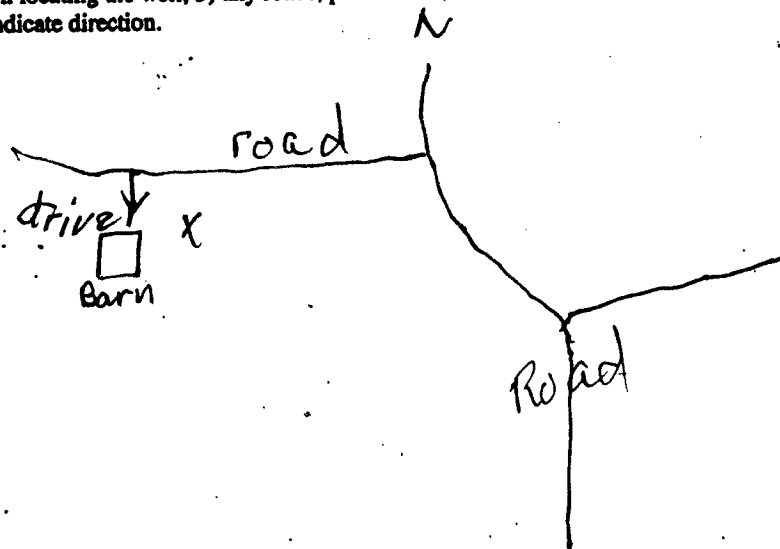
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
red clay	0	16
sand & gravel	16	95
yellow clay	95	112
white clay	112	139
blue clay	139	190
white clay w/ sand streaks	190	218
streaks	218	250
sand	250	290
clay / sand streaks	290	315

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: Clay Griffin

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)

County: Franklin  
 Permit #: \_\_\_\_\_  
 Driller: GRENN WATER WELL & SUPPLY, INC.  
 Date completed: 3/17/11

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

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>Clay Griffen</u>	Latitude: <u>31°33'315"</u> Longitude: <u>90°43'146"</u>
Mailing Address: <u>632 Old CC Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>McCall Creek MS 39647</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City                      State                      Zip Code	<u>SE 1/4 SE 1/4 Sec 20 Twn 7N Rng SE</u>
Telephone No. <u>(601) 842-6065</u>	Distance                      Direction                      Nearest Town
	<u>3</u> Miles <u>N</u> of <u>McCall Creek</u>

Pump Type Circle one	Power Type Circle one
Air Lift                      Jet <u>Submersible</u>	Diesel Engine                      Gasoline Engine                      Natural Gas
Bucket                      Piston                      Turbine	<u>Electric Motor</u> Hand                      Tractor PTO
Centrifugal                      Rotary                      Flowing Well	Windmill                      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2</u>
Date Pump Installed: <u>3/17/11</u>	Setting Depth: <u>260</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>21</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3/17/11</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>200</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>216</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>16</u> Feet Below Land Surface	Well yielded <u>14</u> GPM with a drawdown of
Test Pumping Rate: <u>14</u> Gallons Per Minute	<u>16</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.  
 GRENN WATER WELL & SUPPLY, INC.  
WILLIAM L. HARDIN, LIC. NO. 0-802  
 Print Name of Pump Installer and License No. (if applicable)

Clay Hardin  
 Signature of Pump Installer

RECEIVED  
 MAR 21 2011  
 BY: J. W. W. P.