County: Franklin Permit #: Part 1 Mississippi Department of Environmental Quality Aquifer: <u>E 47</u> Office of Land and Water Resources P.O. Box 10631 Driller: Supply - INC. Date drilling completed: 11-22-11 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 Location	State V	Vell Report			
Permit #		-			
Deller SUPPLY: HATCE WELL & Date driller SUPPLY: HAC. Date driller Supply: HAC. Date driller sompletion of drilling of the MS 39289-0631 (601)354-6938 (fax) 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 Name Terry Walkar Well Owner Name Terry Walkar 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 Name Terry Walkar Well Owner Name Terry Walkar 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 Name Terry Walkar Well Owner Name Terry Walkar State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of conventional Survey. USCS quad, Vand-held OPS. State Law requires that state Terry State Zip Code State with the Department (circle one) Home Industrial Public Surply Irrigation Fish Culture Other: Purpose of Well (circle one) Home Industrial Public Surply Irrigation Fish Culture Other: If flowing, method of flow regulation: Valve Other (describe) State Well Core casing diameter:	Mississippi Departme	ent of Environmental Quality	Aquifer: <u><u><u></u><u></u><u><u></u><u><u></u><u><u></u><u></u><u><u></u><u><u></u></u><u></u><u><u></u><u></u><u></u><u></u><u></u><u></u></u></u></u></u></u></u></u>		
Driller SUppEX: INC. Jackson, MS 30283-0631 (601)961-5210 (601)964-6938 (fixx) L. S. Bernston: 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 Constitute 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 Location Owner Name Terry Marker I Litude: 31 * 35 - 36 * 100 minute: 90 * 90 - 196 * 100 minute: 90 * 90 - 100 minute: 90 * 90 * 90 * 90 * 90 * 90 * 90 * 90			Well #:		
Date drilling completed: 11-22-11 (601)961-5210 (601)354-6938 (fax) Edg #:	Driller: SUPPLY INC.	-2.	I S Elemetion:		
(601)334.6938 (fax) Every # 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 Constitute in the Department within 30 days of completion of drilling of the well. Well Ware information Well Counter information Well Location Owner Name Terry Wark or Latitude: 31 ° 35 · 580 ° Longitude: 90 ° 40 · 100 ° 100	Date drilling completed: $1/-22-1/1$ (60)				
30 days of completion of drilling of the well. Well Owner Laformation Well Owner Laformation Well Location Owner Name [Erry Warksor] Latitude: 31 °35 · 356 ° Longitude: 90 * 40 : 196 Mailing Address: H/5 ? Hwy 44 N/5 Method of LavLong (circle oue): Conventional Survey, Umwnif MS 39666 City State Zip Code City State Zip Code Direction Nearest Town 7.00 Regression Well Data Direction Nearest Town 5.5 Miles A/F of ML Coll Creek Well circle one Hone No. (228) 235 - 4118 Sign of Method of LavLong (circle one) Conventional Survey, Well Data Direction Nearest Town 5.5 Miles A/F of ML Coll Creek Well data Public Supply Irrigation Fish Culture Other: Purpose of Well (circle one) Hone Todustrial Public Supply Irrigation Fish Culture Other: 11 - 22 - 11 Date well drilling started: H-22 - 11 Date well drilling completed: _11 - 22 - 11 Method of Measurement (circle one) steel tape tochric tare air line other:	(601)3	54-6938 (fax)	E-log #:		
Well Owner Information Well Location Owner Name Image:		e driller in detail and filed v	vith the Department within		
Mailing Address: $\frac{4}{5}$ $\frac{5}{100}$ $\frac{44}{100}$ $\frac{44}{100}$ Method of Lat/Long (direle one): Conventional Survey, Summif MS 39666 City State Zip Code Telephone No. (228) 235 - 4118 Well Data Purpose of Well (circle one) Hone Industrial Public Supply Irrigation Fish Culture Other: $\frac{1}{22}$ $\frac{1}{22}$ $\frac{1}{2}$ $\frac{1}$		Wel	l Location		
USGS quad, Pand-held GPS, Survey-grade GPS State Zip Code Telephone No. (228) 235-4118 Well Data Purpose of Well (circle one Home Industrial Public Supply Irrigation Fish Culture Other: 1-22-1/ If flowing, method of flow regulation: ValveOther (describe) Static Water Level: 6feet above or below (circle one) land surface Date measured: 11-22-1/ Method of Measurement (circle one) steel tapeOther (describe) Static Water Level: 6 feet above or below (circle one) land surface Date measured: 11-22-1/ Method of Measurement (circle one): Cement (well grouted to a depth of feet Screen length: feet Casing diameter: inches Type of casing: <u>PVC</u> Screen length: feet Screen diameter: inches Type of screen: <u>PVC</u> Screen slot size: feet Screen diameter: inches Type of screen: <u>PVC</u> Screen length: feet Screen diameter: inches Type of screen: <u>PVC</u> Screen length: feet Screen diameter: inches Type of screen: <u>PVC</u> Screen length: feet Screen diameter: inches Type of screen: <u>PVC</u> Screen length: feet Screen diameter: inches Type of screen: <u>PVC</u> Screen length: feet Screen diameter: inches Type of screen: <u>PVC</u> Screen length: feet Screen diameter: inches Type of screen: <u>PVC</u> Screen slot size: feet Screen diameter: inches Type of screen: <u>PVC</u> Screen length: feet If telescoped or more than one screen, describe on back of page Logs run (circle all applicable) No log rub 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 Health regulations and state laws. GRENN WATER WELL & SUPPLY, INC. BRIAN D. McCLENNDON, UNR-OOUOOG64	Owner Name Terry Walker	Latitude: <u>31 °35 - '586</u>	" Longitude: <u>90° 40.</u> 184		
State 39666 City State Zip Code Telephone No. (228) 235-4118 Direction Nearest Town Well Data Well Data Purpose of Well (circle one Hone Industrial Public Supply Irrigation Fish Culture Other:	Mailing Address: 4/5? HWY 44 NE Method of Lat/Long (circle one): Conventional Survey,				
Telephone No. (228) 235-4118 Distance Direction Nearest Town Sister Direction Nearest Town Sister Direction Nearest Town Sister Direction Nearest Town Sister Direction Nearest Town Sister Colspan="2">Nature Other Date well drilling started: 11-22-11 Date well drilling completed: 11-22-11 Method of flow regulation: Valve Other (describe) Static Water Level: 6 1 feet above or foelow? (circle one) land surface Date measured: 11-22-11 Method of Measurement (circle one) stel tape Sectric tape air line other:					
Telephone No. (228) 235-4118 Distance Direction Nearest Town Sister Direction Nearest Town Sister Direction Nearest Town Sister Direction Nearest Town Sister Direction Nearest Town Sister Colspan="2">Nature Other Date well drilling started: 11-22-11 Date well drilling completed: 11-22-11 Method of flow regulation: Valve Other (describe) Static Water Level: 6 1 feet above or foelow? (circle one) land surface Date measured: 11-22-11 Method of Measurement (circle one) stel tape Sectric tape air line other:	Summit MS 39666 NEW Sec IL Twn 7N Rng		Twn 7N Rng 5E		
Purpose of Well (circle one Hone Industrial Public Supply Irrigation Fish Culture Other:	Distance Direction Nearest Town				
Date well drilling started: 11-22-1/ Date well drilling completed: 11-22-1/ If flowing, method of flow regulation: Value Other (describe)	Well Data				
If flowing, method of flow regulation: ValveOther (describe)	Purpose of Well (circle one Home Industrial Public Supply	Irrigation Fish Culture	Other:		
Static Water Level: 6 feet above or feelow (circle one) land surface Date measured: 11-22-11 Method of Measurement (circle one) steel tape Stetric tape air line other: Hole depth: 77 Well depth: 75 Well grouted to a depth of 10 feet Type of grout (circle one): Cement Bentonite Mix Casing length: 65 feet Casing diameter: 4 inches Type of casing: VC	Date well drilling started: <u>11-22-11</u> Date well drilling completed: <u>11-22-11</u>				
Method of Measurement (circle one) steel tape icctric tape air line other:	If flowing, method of flow regulation: Valve Other	(describe)			
Hole depth: 77 Well depth: 75 Well grouted to a depth of feet Type of grout (circle one): Cement Centonite Mix Casing length:	Static Water Level: 6 feet above or below (circle one) land surface Date measured:	11-22-11		
Type of grout (circle one): Cement Gentonite Mix Casing length:	Method of Measurement (circle one) steel tape ectric tape air line other:				
Casing length:	Hole depth: 77 Well depth: 75 Well grouted to a depth of 10 feet				
Screen length:	Type of grout (circle one): Cement Bentonite Mix				
Screen slot size: .010 inches Setting depth: From _6.5feet to _7.5feet Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development Other (describe):					
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development Other (describe):	Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>				
Other (describe):	Screen slot size: <u>.010</u> inches Setting depth: From <u>65</u> feet to <u>75</u> feet				
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 Brian McMandan	Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development				
Logs run (circle all applicable). No log run Electric Gamma Ray Density Sonic Neutron Other:	Other (describe):				
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					
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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 Brian McCLENDON, UNR-00000664					
GRENN WATER WELL & SUPPLY, INC. BRIAN D. McCLENDON, UNR-00000664 Brian McClendon	•				
BRIAN D. MCCLENDON, UNR-00000664 Brian McClendon		repartment of measure regulation	us and state laws.		
Print Name of Water Well Contractor and License No. Signature of Water Well Compton Signature	4	Brian	Mª Clendon		
	Print Name of Water Well Contractor and License No.	Signature o	f Water Well Complete CEWE		

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DEC 0 5 2011 BY: OLWR If well telescopes please sketch below and show depths.



oround portor		Description of Formations Encountered	From	10
		Red Clay	0	10
			•	
		Sand w/ clay streaks	10	SP
		Sand	58	175
		White Car		
		white clay	125	27
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	•			
If more than one arrest	above la settion of each an above 1			
in more than one screen,	show location of each on sketch			
	1 1 1 A A II A A A			

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. ٠. house D x well Idrive road Terry Walker McClendon 664 Landowner Name:

Signature of Water Well Contractor

	ELL REPORT		
County: - TANK Line Pump Installer Mississioni Departme	at of Environmental Quality Aquifer:	ffice Use Only:	
Driller: GRENN WATER WELL & P.O. SUPPLY, INC. Jackson, Date completed: 11-73-11 (60	and Water Resources Box 10631 MS 39289-0631 Well #: 1)961-5210	Aquiter: Weil #: Elevation:	
		·····	
This report should be prepared by the pump installer in de installation of pump.		ays of the	
Well Owner Information Owner Name: TETTY WALKET	Well Location Latitude: 31 35-587 Longitude:	0.40,184	
Mailing Address: 4158 419 VIII XE	Method of Lat/Long (circle one): Conventio	ventional Survey,	
	USGS quad, Hand-heid GPS, St	rvev-grade GPS	
Summit MS 39666 City State Zip Code			
	Distance Direction Nearest T	owa	
Telephone No. (208) 235-4118	5.5 Miles MIE of McCALLCREEK		
Pump Type	Power Type		
Circle one	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):	Horse Power Rating of Motor: $\frac{1}{2}$:	
Date Pump Installed:	Setting Depth:Y	feet	
Rated Pump Capacity:Gallons Per Minute	Number of Stages:		
Pump Test Data	Method of Measuring Wate Circle one	r Level	
Date Well Tested:11 -23-11		a. •=	
Static Water Level (A): Feet Below Land Surface	Air Line Electric Measuring Line	Steel Tape	
Pumping Water Level (B): $\underline{\ } \underline{\ } \$	Other (specify):		
Drawdown [(B) - (A)]: Feet Below Land Surface	For flowing well, measured shut in head:	feet	
Test Pumping Rate: Gallons Per Minute		a drawdown of	
Duration of Pump Test (minimum 4 hours): hours	0	hours of pumping	
I HEREBY CERTIFY that the above statements are true to the best MICHAEL W. KEES, RPO-00000801 Print Name of Pump Installer and License No. (if applicable)	of my knowledge. Mich whin Signature of Pump Installer	BEREW	

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050 0 5 2011 BV: OLWP