	State Well Report	For Office Use Only:				
County: Tank 11/	Part 1	1 < , , '				
Mis	ssissippi Department of Environmental Qualit	y Aquifer: <u>564</u>				
Permit #:	Office of Land and Water Resources	Well #:				
Driller: GRENN WATER WELL & SUPPLY, INC.	P.O. Box 10631 Jackson, MS 39289-0631	L. S. Elevation:				
SUPPLY, INC. /26/1/ Date drilling completed: 5/26/1/	(601)961-5210	L. S. Elevation:				
Date drilling completed:	(601)354-6938 (fax)	B-log #:				
State Law requires that this report b	pe prepared by the driller in detail and filed	l with the Department within				
30 days of completion of drilling of t	he well.					
Well Owner Information	Y	Vell Location				
Owner Name John Terry	Latitude: 31.29.7	Latitude: 31 • 29 • 985 " Longitude: 90 • 49 • 29 7				
Mailing Address: 28/8 McCal		e one): Conventional Survey,				
	,	neld GPS, Survey-grade GPS				
McCall (reek M) City State	39647 SW45E4 Sec 2	8 Twn 74 Rng 5E				
•	Distance Direction	n Nearest Town				
Telephone No. (601) 384-75	22 Miles Miles	of Mc Call Creek				
	Well Data					
		_				
	ial Public Supply Irrigation Fish Culture					
Date well drilling started: 5-24	Date well drilling completed:	3-26-11.				
If flowing, method of flow regulation: Valve_						
Static Water Level: 157 feet above	or below (circle one) land surface Date measur	red: 5-26-//				
Method of Measurement (circle one) steel t	tape electric tape air line other:					
· -	282 Well grouted to a depth	offeet				
	Sentonite Mix					
		P1/2				
1	liameter:inches Type of casin	8: <u> </u>				
		n: <u> </u>				
Screen slot size: / O / O inches	Setting depth: From 272 feet to	282_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						
Top or rap hile or remediat in casing:						
Logs run (circle all applicable): No log run	Electric Gamma Ray Density Sonic Neutro	on Other:				
Name of organization running log(s):						
I certify that the well was drilled, constructed	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 regular	tions and state laws.				
Department of Environmental Quality and/o GRENN WATER WELL & SUPPLY, I		tions and state laws.				

JUN 2 3 2011

Print Name of Water Well Contractor and License No.

Ground Level		
	 T	

Description of Formations Encountered	From	To
red clay	0	10
Sand sgravel	10	78
white clay	98	134
Blue clay	1.34	167
white Clay	167	180
Sand Streams	180	220
sand	220	298
		-
lost circulation		-

If more than one screen, show location of each on sketch

4) indicate direction.	N		locating the property and the well
·	/		
	dri	e power	
·	0	xwell	
·	20	X wer	
		. *	•
The	12 Cry		•

Brian McClendon, lic. no. 0-664 GRENN WATER WELL & SUPPLY, INC.

Signature of Water Well Contractor

STATE WELL REPORT

Part 2

Frank lin Permit #: GRENN WATER WELL & Date completed: _____

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 #:				
Elevation:				

(601)3	54-0938 (lax)					
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: John Tarry	Latitude: 3129 905 Longitude: 90 49 297					
Mailing Address: 28/8 Mc Call Greek Rd	Method of Lat/Long (circle one): Conventional Survey,					
	USGS quad, Hand-held GPS Survey-grade GPS					
McCall Creek MS 39647 City State Zip Code	SW4 SE 4 Sec 28 Twn 7N Rng SE					
City State Zip Code	Distance Direction Nearest Town					
Telephone No. (601) 384-7522 Z Miles N of McCall						
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):	Horse Power Rating of Motor:					
Date Pump Installed: 5/28/11	Setting Depth: 190 feet					
Rated Pump Capacity: 16 Gallons Per Minute	Number of Stages: 15					
Pump Test Data	Method of Measuring Water Level					
Date Well Tested: 5/28/11	Circle one					
Static Water Level (A): 157 Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape					
Pumping Water Level (B): 161 Feet Below Land Surface	Other (specify):					
Drawdown [(B) - (A)]: Feet Below Land Surface	For flowing well, measured shut in head:feet					
Tort Burnaine Bass	13					

Date Well Tested: 5/28/11	Circle one
Static Water Level (A): 157 Feet Below Land Surface Pumping Water Level (B): 161 Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape Other (specify):
Drawdown [(B) - (A)]: Feet Below Land Surface	For flowing well, measured shut in head:feet
Test Pumping Rate: Gallons Per Minute	Well yielded 13 GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): hours	feet afterhours of pumping

I HEREB	Y CERTI	FY that	the	above stater	nents are	true to	the best	of my	knowledge.
GRENN	MATER	METT	C.	VIGGUE	TNO			,	

WILLIAM L. HARDIN, LIC. NO. 0-802
Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

