

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 #: K-56
L. S. Elevation: _____
E-log #: _____

County: Franklin
Permit #: _____
Driller: GRENN WATER WELL & SUPPLY, INC.
Date drilling completed: 5/10/05

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 Randall Mullins</u>	Latitude: <u>31° 30' 37⁵⁰"</u> Longitude: <u>90° 40' 32⁵⁶"</u>
Mailing Address: <u>29955 Lard Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Holden</u> LA <u>70744</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NW 1/4 SW 1/4 Sec 2 Twn 6N Rng 5E</u>
Telephone No. <u>(601) 82-3-6310</u>	Distance <u>0.5</u> Miles Direction <u>E</u> of Nearest Town <u>McCall Creek</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 5/10/05 Date well drilling completed: 5/10/05
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 76 feet above or below (circle one) land surface Date measured: 5/10/05
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 209 Well depth: 200 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 180 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: .010 inches Setting depth: From 180 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.

Brian McClendon
Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

K-56

Ground Level

Description of Formations Encountered	From	To
red clay	0	16
streaky	16	40
sand + gravel	40	77
blue clay	77	140
streaky	140	180
sand	180	209
white clay	209	209

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: John R. Mullen

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

Brian McClendon
Signature of Water Well Contractor