	ell Report	For Office Use Only:		
	art 1	•		
	t of Environmental Quality nd Water Resources	Aquifer:		
	ox 10631			
	S 39289-0631 961-5210	L. S. Elevation:		
	-6938 (fax)	B-log #:		
	duillon in detail and filed m	ith the Department within		
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.				
Well Owner Information	Well	Location		
Owner Name Kark Moise	Latitude: <u>1/3 26 ' 86</u> 5 2	f" Longitude: <u>90• 39 · 166</u> "		
Mailing Address: 809 Jade Ave	Method of Lat/Long (circle or	ne): Conventional Survey,		
	USGS quad, Hand-held	GPS, Survey-grade GPS		
Metaire La 70003 City State Zip Code	<u>JW 4 N/4 Sec_3</u>	Twn GN Rng EE		
Telephone No. (504) 491 - 5466	Distance Direction	Nearest Town of <u>Lucien</u>		
Well I	L Data			
Purpose of Well (circle one) Homo Industrial Public Supply	Irrigation Fish Culture	Other:		
Date well drilling started: $\frac{6/22/05}{2}$ Date				
If flowing, method of flow regulation: Valve Other (d	lescribe)			
Static Water Level:feet above or below (circle one)		6/22/05		
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: <u>107</u> Well depth: <u>102</u>	_ Well grouted to a depth of _	/ D feet		
Type of grout (circle one): Cement Sentonite Mix				
Casing length: <u>92</u> feet Casing diameter: <u>-</u> /		Λ .		
Screen length:feet Screen diameter:/	inches Type of screen:	PR		
Screen slot size: $\underline{}$ $\underline{}$ $\underline{}$ inches Setting depth: From	<u>92</u> feet to	02_feet		
Type of completion (circle all applicable): Gravel packed Under	reamed Telescoped Oper	hole Natural Development		
Other (describe):				
Top of lap pipe or reduction in casing:feet. If to	elescoped or more than one sci	reen, 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 a		• •		
Department of Environmental Quality and/or the Mississippi Dep GRENN WATER WELL & SUPPLY, INC.	parument of Health regulation:	s and state laws.		
Brian McClendon, lic. no. 0-664	BALL	Hf Clerkon		
Print Name of Water Well Contractor and License No.	Signature o	f Water Well Contractor		
· · · · · · · · · · · · · · · · · · ·		RECEIVE		
		JUL 2 5 2005		

JUL 2 5 2005 BY: OLWR If well telescopes please sketch below and show depths.

Ground Level

		4	-	/
	Description of Formations Encountered	•	From	То
_	redraw		$\Box O$	30
	Schotgrave/		30	80
	Strent		1 50	20
	SGMC	··	1 95	107
	white clay		102	107
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K- 57

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.

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

Signature of Water Well Contractor

County: <u>Franklin</u> Permit #: Driller: <u>GRENN WATER WELL</u> & <u>SUPPLY</u> , INC. Date completed: <u>6 /24/05</u>	Pump Installer ³ Mississippi Departmen Office of Land P.O. 1 Jackson, N (601) (601)35	Part 2 s Completion Report nt of Environmental Quality and Water Resources Box 10631 MS 39289-0631)961-5210 54-6938 (fax)	For Office Use Only: Aquifer: Well #: <u>K - 57</u> Elevation:
This report should be prepared by t installation of pump.	·		· .
Well Owner Informs			Il Location
Owner Name: Kirk Moise		Latitude: 31 26 868	Longitude: 90 39 166
Mailing Address: 809 Jack e	Ave.	Method of Lat/Long (circle or	ne): Conventional Survey,
			1-heid GPS Survey-grade GPS
<u>Metaire</u> L City State		<u>SW4 Nw4</u> Sec Distance Direction	<u>Twn_6N_Rng_5E</u> Nearest Town
Telephone No. (504) 491 54	66		of Lucien
Pump Type Circle one			wer Type Fircle one
Air Lift Jet	Submersible		ne Engine Natural Gas
Bucket Piston	Turbine	Electric Motor Hand	
Centrifugal Rotary	Flowing Well		(specify):
Other (specify):	Uu	Horse Power Rating of Motor	3
Date Pump Installed:6/24/0	5	Setting Depth: 90	
Rated Pump Capacity: ()		Number of Stages:	
Pump Test Data			easuring Water Level
Date Well Tested: 6/24/05			
Static Water Level (A):60Fee	t Below Land Surface		asuring Line Steel Tape
Pumping Water Level (B):Fee	t Below Land Surface	Other (specify):	
Drawdown [(B) - (A)]: Fee	t Below Land Surface	For flowing well, measured si	hut in head:feet
Test Pumping Rate: 13	Gallons Per Minute	Well yielded1 3	
Duration of Pump Test (minimum 4 hours): <u> </u>	feet after	
I HEREBY CERTIFY that the above state GRENN WATER WELL & SUPPLY, William Hardin, lic. no. (Print Name of Pump Installer and License	INC. 0-717P	of my knowledge. William 1 Signature of Pump Ir	tardin
			HECEIVE

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