

# 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: K 81  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Franklin  
Permit #: \_\_\_\_\_  
Driller: GRENN WATER WELL &  
SUPPLY, INC.  
Date drilling completed: 2/2/10

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>David Westbrook</u>	Latitude: <u>31° 26' <sup>N</sup> 516"</u> Longitude: <u>90° 41' <sup>W</sup> 117"</u>
Mailing Address: <u>5340 Burt Jordan 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>NE 1/4 SE 1/4 Sec 34</u> Twn <u>6N</u> Rng <u>5E</u>
Telephone No. <u>(806) 790 3984</u>	Distance Direction Nearest Town <u>4</u> Miles <u>South</u> of <u>McCall Creek</u>

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 1/29/10 Date well drilling completed: 2/2/10

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

Static Water Level: 144 feet above or below (circle one) land surface Date measured: 2/2/10

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

Hole depth: 207 Well depth: 200 Well grouted to a depth of 14 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 190 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4" inches Type of screen: Slotted PVC

Screen slot size: .010 inches Setting depth: From 190 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.  
WILLIAM L. HARDIN, LIC. NO. 0-802

Chaz Hardin (William)

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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BY: OLWR

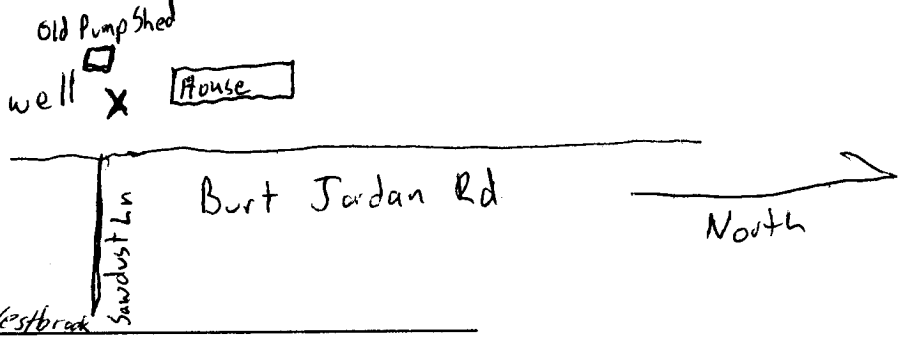
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Red Citronelle Clay	1	14
Sand & Gravel	14	28
Red Clay	28	32
Sand & Gravel	32	70
White Clay	70	88
Blue Clay	88	95
White Clay	95	101
Sand (Coarser Toward Bottom)	101	207

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: David Westbrook

GRENN WATER WELL & SUPPLY, INC.  
WILLIAM L. HARDIN, LIC. NO. 0-802

Clay Hardin (William)  
Signature of Water Well Contractor

# 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)

<b>For Office Use Only:</b>	
Aquifer: <u>K 81</u>	
Well #: _____	
Elevation: _____	

County: <u>Franklin</u>
Permit #: _____
Driller: <u>GRENN WATER WELL &amp; SUPPLY, INC</u>
Date completed: <u>2/2/10</u>

**This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.**

<p style="text-align: center;"><b>Well Owner Information</b></p> <p>Owner Name: <u>David Westbrook</u></p> <p>Mailing Address: <u>5340 Burt Jordan Rd</u>  <u>McCall Creek, MS 39647</u>  <small>City State Zip Code</small></p> <p>Telephone No. <u>(806) 790 3984</u></p>	<p style="text-align: center;"><b>Well Location</b></p> <p>Latitude: <u>31° 26' 51.6" N</u> Longitude: <u>90° 41' 16.7" W</u></p> <p>Method of Lat/Long (circle one): Conventional Survey,          USGS quad, <del>Hand-held GPS</del> Survey-grade GPS</p> <p><u>NE</u> ¼ <u>SE</u> ¼ Sec <u>34</u> Twn <u>6 N</u> Rng <u>5 E</u></p> <p>Distance Direction Nearest Town  <u>4</u> Miles <u>S</u> of <u>McCall Creek</u></p>
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<p style="text-align: center;"><b>Pump Type</b> Circle one</p> <p>Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u></p> <p>Bucket Piston Turbine</p> <p>Centrifugal Rotary Flowing Well</p> <p>Other (specify): _____</p> <p>Date Pump Installed: <u>2/2/10</u></p> <p>Rated Pump Capacity: <u>10</u> Gallons Per Minute</p>	<p style="text-align: center;"><b>Power Type</b> Circle one</p> <p>Diesel Engine Gasoline Engine Natural Gas</p> <p><input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO</p> <p>Windmill Other (specify): _____</p> <p>Horse Power Rating of Motor: <u>1</u></p> <p>Setting Depth: <u>190</u> feet</p> <p>Number of Stages: <u>15</u></p>
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<p style="text-align: center;"><b>Pump Test Data</b></p> <p>Date Well Tested: <u>2/2/10</u></p> <p>Static Water Level (A): <u>144</u> Feet Below Land Surface</p> <p>Pumping Water Level (B): <u>165</u> Feet Below Land Surface</p> <p>Drawdown [(B) - (A)]: <u>21</u> Feet Below Land Surface</p> <p>Test Pumping Rate: <u>11</u> Gallons Per Minute</p> <p>Duration of Pump Test (minimum 4 hours): <u>4</u> hours</p>	<p style="text-align: center;"><b>Method of Measuring Water Level</b> Circle one</p> <p>Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape</p> <p>Other (specify): _____</p> <p>For flowing well, measured shut in head: _____ feet</p> <p>Well yielded <u>11</u> GPM with a drawdown of  <u>21</u> feet after <u>4</u> hours of pumping</p>
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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)

William Hardin (Chaz)  
 Signature of Pump Installer

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FEB 17 2010

BY: OLWR