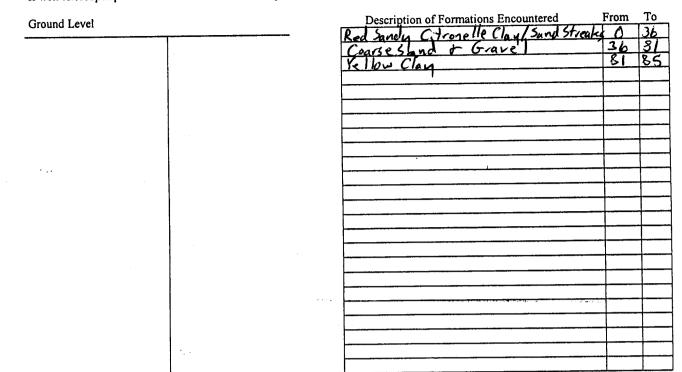
State W	/ell Report	
•	Part 1	For Office Use Only:
ounty: Frank In Mississippi Departmen	at of Environmental Quality	Aquifer: K 83
Permit #: Office of Land a	and Water Resources	Well #:
Driller:	Box 10631	
SUPPLY, TNC , , , , , , , , , , , , , , , , , , ,	AS 39289-0631 )961-5210	L. S. Elevation:
Date drilling completed: <u>&gt;/7///</u> (601)35	54-6938 (fax)	E-log #:
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.	e driller in detail and filed w	vith the Department within
Well Owner Information	Wei	l Location
wher Name Mark Mowdy	Latitude: 31 . 26 . 601	N "Longitude: <u>90 • 38 ' 072</u> "
Tailing Address: PC Box 766	3ic Method of Lat/Long (circle o	<u>04</u>
		GPS_Survey-grade GPS
Mar Willo MS 39653		Twn 5N Rng 6E
Meadville MS 39653 City State Zip Code		Nearest Town
Celephone No. (601) 384 - 6279	Distance Direction	of Brookhaven
	Data	
Purpose of Well (circle one) Home Industrial Public Supply		Other:
urpose of well (circle one) (nome) industrial Fublic Supply		
Date well drilling started: <u>5/9/10</u> Date	well drilling completed: 3/	9/10
f flowing method of flow regulation: Valve Other (	(describe)	
Static Water Level: <u>46</u> feet feet feet (circle one)	) land surface Date measured	5/9/16
Method of Measurement (circle one) steel tape electric tap		
Hole depth: <u>85</u> Well depth: <u>80</u>		10 feet
	_	
Type of grout (circle one): Cement Bentonite		D VC
Casing length: <u>60</u> feet Casing diameter: <u>4"</u>	inches Type of casing:	
Screen length: <u>20</u> feet Screen diameter: <u>4''</u>	inches Type of screen:	
Screen slot size: ,010 inches Setting depth: From	60feet to	<u>&amp;0</u> feet
Type of completion (circle all applicable): Gravel packed Und	lerreamed Telescoped Ope	en hole Natural Development
Top of lap pipe or reduction in casing:feet. If		
Logs run (circle all applicable) No log run Electric Gamma Ra		
Name of according tunning log(s):		
I certify that the well was drilled, constructed, and completed in	n accordance with all applicab	le requirements of the Mississippi
Department of Environmental Quality and/or the Mississippi I		
GRENN WATER WELL & SUPPLY, INC.	- ΛA	1/1-
WILLIAM L. HARDIN, LIC. NO. 0-802	Willin	m Hardin
	Signatura	of Water Well Contractor
Print Name of Water Well Contractor and License No.	Signature	

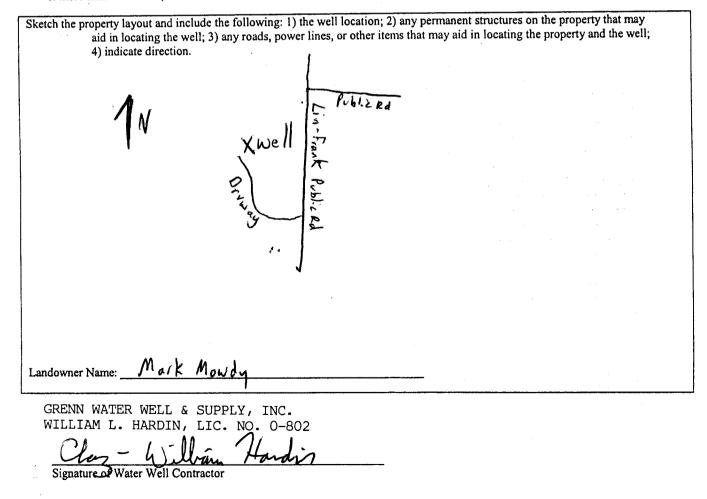
BY:	(C)	MA	$\Box$
$\square Y_{\bullet}$			

If well telescopes please sketch below and show depths.



1

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



	STATE WELL REPORT Part 2	For Office Use Only:
County: Franklin	Pump Installer's Completion Report Mississippi Department of Environmental Qua	
Permit #:	Office of Land and Water Resources	Aquifer: K83
Driller: GRENN WATER WELL &	P.O. Box 10631 Jackson, MS 39289-0631	Well #:
SUPPLY, INC, Date completed: S/10/10	(601)961-5210	Elevation:
	(601)354-6938 (fax)	
This report should be prepared by the installation of pump.	e pump installer in detail and filed with the D	epartment within 30 days of the
Well Owner Informati	1	Well Location
Owner Name: Mark Mowdy	Latitude: 31°26'60	01"N Longitude: 90° 38 '072 W
Mailing Address: <u>POBox</u> 7(	6 6 Method of Lat/Long	(circle one): Conventional Survey,
	USGS qua	ad, Hand-held GPS>Survey-grade GPS
Meadville MS City State	39653 NE 14 SE 14	Sec <u>31</u> Twn <u>SN</u> Rng <u>6E</u>
City State	Zip Code	rection Nearest Town
Telephone No. ( <u>601) 384 - 627</u>	<u> </u>	w of Brookhowen
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):
	Listen Device Detice	of Motor:
Other (specify):		
Date Pump Installed: <u>5/10/10</u>	Setting Depth:	7.5 feet
Rated Pump Capacity:	Gallons Per Minute Number of Stages: _	12
Pump Test Data	Meth	od of Measuring Water Level
		Circle one
Date Well Tested:	Air Line Ele	ctric Measuring Line Steel Tape
Static Water Level (A): <u>46</u> Feet	Below Land Surface	
Pumping Water Level (B): <u>51</u> Feet I	Below Land Surface	
Drawdown [(B) - (A)]: Feet	Below Land Surface For flowing well, me	easured shut in head:feet
+ 24		
Duration of Pump Test (minimum 4 hours):	$\underline{4}_{hours}$ $\underline{5}_{fe}$	et after hours of pumping
I HEREBY CERTIFY that the above statem		
GRENN WATER WELL & SUPPLY, WILLIAM L. HARDIN, LIC. NO	1. 1. 1/1	n Hordin
Print Name of Pump Installer and License N	lo. (if applicable) Signature o	f Pump Installer
		5 0 MUL

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