

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 #: K92
 L. S. Elevation: _____
 E-log #: _____

County: Franklin
 Permit #: _____
 Driller: GRENN WATER WELL & SUPPLY, INC.
 Date drilling completed: 9/21/11

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>Mickey Lang</u> | Latitude: ^{28 23} <u>31° 29' 15"</u> Longitude: ^{39 39} <u>90° 40' 23"</u> |
| Mailing Address: <u>1074 Robert Ayers Rd</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| <u>Summit MS 39666</u> | <u>SE 1/4 NW 1/4 Sec 24 Twn 6N Rng 5E</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>(601) 209-7272</u> | <u>3 Miles SE of McCall Creek</u> |

Well Data

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

Date well drilling started: 9/21/11 Date well drilling completed: 9/21/11

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

Static Water Level: 125 feet above of below (circle one) land surface Date measured: 9/21/11

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

Hole depth: 186 Well depth: 180 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 170 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 10/10 inches Setting depth: From 170 feet to 180 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 D. McCLENDON, UNR-00000664

Print Name of Water Well Contractor and License No. Brian McCleendon
 Signature of Water Well Contractor

RECEIVED
 OCT 14 2011
 BY: OLWR

