

# 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 #: K95  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Franklin  
Permit #: \_\_\_\_\_  
Driller: GRENN WATER WELL  
& SUPPLY, INC.  
Date drilling completed: 8-21-12

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

Owner Name A J Allen  
Mailing Address: 4940 Bill Lofton Rd  
McCall Creek MS 39647  
City State Zip Code  
Telephone No. (601) 757-2298

### Well Location

Latitude: 31° 28' 19" Longitude: 90° 38' 18"  
Method of Lat/Long (circle one): 12 Conventional Survey, 11  
USGS quad: (Hand-held GPS) Survey-grade GPS  
SW 1/4 SW 1/4 Sec 19 ✓ Twn 6N ✓ Rng 6E  
NE SE Distance Direction Nearest Town  
3 Miles S of Lucien SE

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: 8-21-12 Date well drilling completed: 8-21-12  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 74 feet above or below (circle one) land surface Date measured: 8-21-12  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 95 Well depth: 90 Well grouted to a depth of 10 feet  
Type of grout (circle one): Cement Bentonite Mix  
Casing length: 80 feet Casing diameter: 4 inches Type of casing: PVC  
Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC  
Screen slot size: .010 inches Setting depth: From 80 feet to 90 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 V, UNR-00000802

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

Chaz Hardin

RECEIVED  
SEP 11 2012  
15:00

K95

If well telescopes please sketch below and show depths.

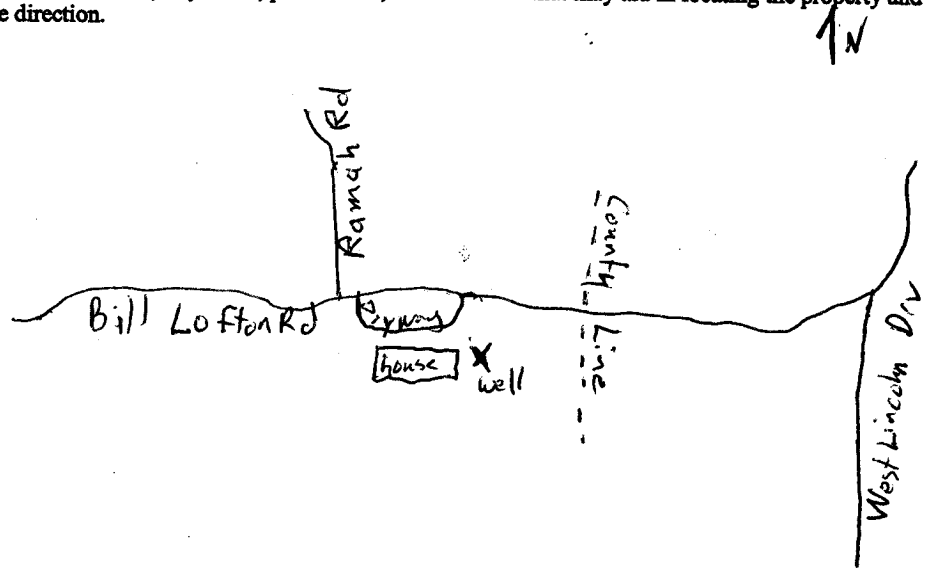
Ground Level

Empty sketch area for well telescopes.

Description of Formations Encountered	From	To
Gravel Mix	0	20
Gravel + Sand	20	90
White Clay	90	95

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: A.J. Allen

Chris Hardin  
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)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: K95

Elevation: \_\_\_\_\_

County: Franklin

Permit #: \_\_\_\_\_

Driller: GREENN WATER WELL & SUPPLY, INC.

Date completed: 8-22-12

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

Well Owner Information	Well Location
Owner Name: <u>AJ Allen</u>	Latitude: <u>31°28'199"</u> Longitude: <u>90°38'188"</u>
Mailing Address: <u>4940 Bill Lofton Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>McCall Creek MS 39647</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SW ¼ SW ¼ Sec 19 Twn 6N Rng 6E</u>
Telephone No. <u>(601) 757-2298</u>	NE SE Direction Nearest Town <u>SE</u>
	<u>3</u> Miles <u>S</u> of <u>Lucien</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>8-22-12</u>	Setting Depth: <u>89</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-22-12</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>74</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>80</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>6</u> Feet Below Land Surface	Well yielded <u>12</u> GPM with a drawdown of
Test Pumping Rate: <u>12</u> Gallons Per Minute	<u>6</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

WILLIAM L. HARDIN, V, UNR-00000802

Print Name of Pump Installer and License No. (if applicable)

William Hardin  
Signature of Pump Installer

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