

Franklin

# 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 #: 0-79  
L. S. Elevation: Pt 26  
E-log #: \_\_\_\_\_

County: Lincoln  
Permit #: \_\_\_\_\_  
Driller: GRENN WATER WELL & SUPPLY, INC.  
Date drilling completed: 5/2/06

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>Michael Lee</u>               | Latitude: <u>31.25.369"</u> Longitude: <u>90.38.006"</u>    |
| Mailing Address: <u>9145 Bogue Chitto 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>SE 1/4 SE 1/4 Sec 6 Twn 5N Rng 6E</u>                    |
| Telephone No. <u>(601) 249-5585</u>          | Distance Direction Nearest Town                             |
|  | <u>10 Miles E of Bogue Chitto</u>                           |

**Well Data**

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

Date well drilling started: 5/2/06 Date well drilling completed: 5/2/06

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 5/2/06

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

Hole depth: 116 Well depth: 110 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentohite Mix

Casing length: 100 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 1010 inches Setting depth: From 100 feet to 110 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 McClendon, lic. no. 0-664

Brian McClendon

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

P126

If well telescopes please sketch below and show depths.

Ground Level

Q-

| Description of Formations Encountered | From | To  |
|---------------------------------------|------|-----|
| red clay                              | 0    | 20  |
| streaky                               | 25   | 75  |
| sand & gravel                         | 75   | 110 |
| streaky                               | 110  | 116 |
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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: Michael Lee

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

Brian McClendon  
Signature of Water Well Contractor

Franklin

# 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: P126  
 Well #: 2-79  
 Elevation: \_\_\_\_\_

County: Lincoln  
 Permit #: \_\_\_\_\_  
 Driller: GRENN WATER WELL & SUPPLY, INC  
 Date completed: 5/3/06

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>Michael Lee</u>               | Latitude: <u>31° 25' 36.9"</u> Longitude: <u>90° 38' 00.6"</u>  |
| Mailing Address: <u>9145 Bogue Chitto Rd</u> | Method of Lat/Long (circle one): <u>22</u> Conventional Survey, |
| <u>McCall Creek MS 39647</u>                 | USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS              |
| City State Zip Code                          | <u>SE 1/4 SE 1/4 Sec 6 Twn 5N Rng 6E</u>                        |
| Telephone No. <u>(601) 242-5585</u>          | Distance Direction Nearest Town                                 |
|  | <u>10</u> Miles <u>E</u> of <u>Bogue Chitto</u>                 |

| Pump Type<br>Circle one                           | Power Type<br>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>5/3/06</u>                | Setting Depth: <u>10</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<br>Circle one       |
|--|---|
| Date Well Tested: <u>5/3/06</u>                            | Air Line <u>Electric Measuring Line</u> Steel Tape  |
| Static Water Level (A): <u>80</u> Feet Below Land Surface  | Other (specify): _____                              |
| Pumping Water Level (B): <u>84</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>4</u> Feet Below Land Surface     | Well yielded <u>10</u> GPM with a drawdown of       |
| Test Pumping Rate: <u>10</u> Gallons Per Minute            | <u>4</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.  
 GRENN WATER WELL & SUPPLY, INC.  
 William Hardin, lic. no. 0-717P  
 Print Name of Pump Installer and License No. (if applicable)

William Hardin  
Signature of Pump Installer