

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 #: 088  
L. S. Elevation: P.127  
E-log #: \_\_\_\_\_

County: Lincoln  
Permit #: \_\_\_\_\_  
Driller: GRENN WATER WELL & SUPPLY, INC.  
Date drilling completed: 4/13/07

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>Steve Lofton</u>	Latitude: <u>31.25.737</u> Longitude: <u>90.38.065</u>
Mailing Address: <u>1795 Pine Tree Tr</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Bogue Chitto MS 39629</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NE 1/4 SW 1/4</u> Sec. <u>3</u> Twn <u>5N</u> Rng <u>6E</u>
Telephone No. <u>(601) 833-5232</u>	Distance <u>9</u> Miles Direction <u>W</u> of <u>Bogue Chitto</u>

Well Data

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

Date well drilling started: 4/13/07 Date well drilling completed: 4/13/07

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

Static Water Level: 55 feet above or below (circle one) land surface Date measured: 4/13/07

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 Bentonite 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: .010 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

Print Name of Water Well Contractor and License No. \_\_\_\_\_

Brian McClendon  
Signature of Water Well Contractor

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MAY 11 2007  
BY OLWR



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: P127  
 Well #: 088  
 Elevation: \_\_\_\_\_

County: Leflore  
 Permit #: \_\_\_\_\_  
 Driller: GRENN WATER WELL & SUPPLY, INC.  
 Date completed: 4/18/07

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>Steve Lofton</u>	Latitude: <u>31°25'737"</u> Longitude: <u>90°38'045"</u>
Mailing Address: <u>1795 Pine Tree Tr</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Boque Chitto MS 39629</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 5 Twn 5'N Rng 6E</u>
Telephone No. <u>(601) 833-5232</u>	Distance Direction Nearest Town
	<u>9</u> Miles <u>W</u> of <u>Boque Chitto</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> <u>Submersible</u> Bucket: Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>4/18/07</u> Rated Pump Capacity: <u>10</u> Gallons Per Minute	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>1/2</u> Setting Depth: <u>85</u> feet Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4/18/07</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>55</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>60</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface	Well yielded <u>13</u> GPM with a drawdown of
Test Pumping Rate: <u>13</u> Gallons Per Minute	<u>5</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

RECEIVED  
 MAY 11 2007  
 BY: OLWR