

# 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 #: J-38  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Lawrence  
Permit #: \_\_\_\_\_  
Driller: GRENN WATER WELL & SUPPLY, INC.  
Date drilling completed: 1/5/06

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>King Hill</u>              | Latitude: <u>31° 29' 677"</u> Longitude: <u>90° 12' 009"</u>                           |
| Mailing Address: <u>225 Miles Hill Rd</u> | Method of Lat/Long (circle one): <u>40</u> Conventional Survey, <u>00</u>              |
| <u>Monticello MS 39654</u>                | USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <input checked="" type="checkbox"/> |
| City State Zip Code                       | <u>NW 1/4 NE 1/4</u> Sec <u>16</u> Twn <u>6N</u> Rng <u>10E</u>                        |
| Telephone No. <u>(601) 587-1438</u>       | Distance Direction Nearest Town<br><u>6</u> Miles <u>SW</u> of <u>Monticello</u>       |

Well Data

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

Date well drilling started: 1/5/06 Date well drilling completed: 1/5/06

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

Static Water Level: 45 feet above or Below (circle one) land surface Date measured: 1/5/06

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

Hole depth: 98 Well depth: 90 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 0/0 inches Setting depth: From 50 feet to 70 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

RECEIVED

FEB 06 2006

BY: OLWR



# 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)

County: Lawrence  
 Permit #: \_\_\_\_\_  
 Driller: Green Water Well  
 Date completed: 1/5/06

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: J-36  
 Elevation: \_\_\_\_\_

**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>Nina Hill</u>              | Latitude: <u>N 31° 29' 6.77"</u> Longitude: <u>W 90° 12' 00.9"</u> |
| Mailing Address: <u>225 Miles Hill Rd</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u>        |
| <u>Monticello MS 39654</u>                | USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS                 |
| City State Zip Code                       | <u>NW 1/4 NE 1/4 Sec 16 Twn 6N Rng 10E</u>                         |
| Telephone No. <u>(601) 587-1438</u>       | Distance Direction Nearest Town<br><u>6 Miles SW of Monticello</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>1/5/06</u>                | Setting Depth: <u>75</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>1/5/06</u>                            | Air Line <u>Electric Measuring Line</u> Steel Tape  |
| Static Water Level (A): <u>45</u> Feet Below Land Surface  | Other (specify): _____                              |
| Pumping Water Level (B): <u>51</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.

Green Water Wells Supply, Inc.  
William Hardin Lic. No. 0-717p William Hardin  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED

FEB 06 2006

BY: OLWR