

# 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-49  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Lawrence  
Permit #: \_\_\_\_\_  
Driller: GRENN WATER WELL & SUPPLY, INC.  
Date drilling completed: 11/13/08

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>Debra Twiner</u>	Latitude: <u>31° 30' 52"</u> Longitude: <u>90° 13' 45"</u>
Mailing Address: <u>120 Trace Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>39654</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Monticello, Me.</u>	<u>SW 1/4</u> Sec <u>8</u> Twn <u>6N</u> Rng <u>10E</u>
City State Zip Code	Distance <u>SW</u> Direction <u>SW</u> of Nearest Town <u>Monticello</u>
Telephone No. <u>(601) 669-0461</u>	

Well Data

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

Date well drilling started: 11/13/08 Date well drilling completed: 11/13/08

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

Static Water Level: 90 feet above or below (circle one) land surface Date measured: 11/13/08

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

Hole depth: 119 Well depth: 114 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 104 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 104 feet to 114 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.

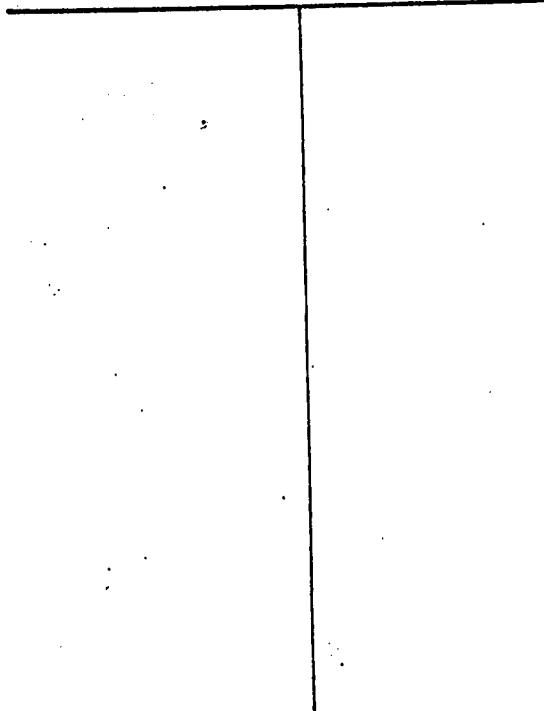
Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

J-44

Ground Level



Description of Formations Encountered	From	To
red clay	0	16
streaky	16	75
sand & gravel	75	115
white clay	115	119

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: Debra Twiner

Brian McClendon  
Signature of Water Well Contractor

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

# 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 #: J-44

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

County: Lawrence  
 Permit #: \_\_\_\_\_  
 Driller: GRENN WATER WELL & SUPPLY, INC  
 Date completed: 11/15/08

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>Debra Twiner</u>	Latitude: <u>31°30'82"</u> Longitude: <u>90°13'455"</u>
Mailing Address: <u>120 Trace Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Monticello MS 39654</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>8 SW 1/4 NW 1/4 Sec 8 Twn 6 N Rng 10 E</u>
Telephone No. <u>(601) 669-0461</u>	Distance Direction Nearest Town
	<u>7 Miles SW of Monticello</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>11/15/08</u>	Setting Depth: <u>113</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11/15/08</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>90</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>95</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>12</u> GPM with a drawdown of
Test Pumping Rate: <u>12</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 L. HARDIN, LIC. NO. 0-802  
 Print Name of Pump Installer and License No. (if applicable)

William Hardin  
 Signature of Pump Installer

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