

# 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 #: B-71  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Lincoln  
Permit #: \_\_\_\_\_  
Driller: GRENN WATER WELL & SUPPLY, INC.  
Date drilling completed: 6/12/06

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>Panny Strait</u>   |  | Latitude: <u>31° 41' 19"</u> Longitude: <u>90° 36' 52"</u>                      |  |
| Mailing Address: <u>3756 Alfred Dr. NW</u>  |  | Method of Lat/Long (circle one): <u>Conventional Survey</u>                     |  |
| <u>Wesson MS 39191</u>  |  | USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS                              |  |
| City State Zip Code   |  | <u>NE 1/4 SW 4 Sec 4 Twn 8N Rng 6E</u>  |  |
| Telephone No. <u>(601) 833-4562</u>   |  | Distance <u>2.5</u> Miles Direction <u>E</u> of Nearest Town <u>Casparville</u> |  |
| Well Data   |  |   |  |
| Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>Chicken houses</u>   |  |   |  |
| Date well drilling started: <u>6/12/06</u>  |  | Date well drilling completed: <u>6/12/06</u>                                    |  |
| If flowing, method of flow regulation: Valve _____ Other (describe) _____   |  |   |  |
| Static Water Level: <u>65</u> feet above or below (circle one) land surface Date measured: <u>6/12/06</u>   |  |   |  |
| Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____  |  |   |  |
| Hole depth: <u>175</u> Well depth: <u>169</u> Well grouted to a depth of <u>10</u> feet   |  |   |  |
| Type of grout (circle one): Cement <u>Bentonite</u> Mix   |  |   |  |
| Casing length: <u>149</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>  |  |   |  |
| Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>   |  |   |  |
| Screen slot size: <u>.010</u> inches Setting depth: From <u>149</u> feet to <u>169</u> feet   |  |   |  |
| Type of completion (circle all applicable): <u>Gravel packed</u> 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): <u>No log run</u> 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.<br>Brian McClendon, lic. no. 0-664  |  | <u>Brian McClendon</u>  |  |
| Print Name of Water Well Contractor and License No.   |  | Signature of Water Well Contractor  |  |

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# 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 #: B-71  
Elevation: \_\_\_\_\_

County: Lincoln  
Permit #: \_\_\_\_\_  
Driller: GRENN WATER WELL & SUPPLY, INC.  
Date completed: 11/20/06

**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>Danny Strait</u>            | Latitude: <u>31°41'199"</u> Longitude: <u>90°36'268"</u>    |
| Mailing Address: <u>3756 Allred Dr. NW</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Wesson MS 39191</u>                     | USGS quad: <u>Hand-held GPS</u> Survey-grade GPS            |
| City State Zip Code                        | <u>NE 1/4 SW 1/4 Sec 4 Twn 8N Rng 6E</u>                    |
| Telephone No. <u>(601) 833-4562</u>        | Distance Direction Nearest Town                             |
|  | <u>2 1/2 Miles E of Caseyville</u>                          |

| Pump Type<br>Circle one  | Power Type<br>Circle one  |
|--|---|
| Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/> | Diesel Engine Gasoline Engine Natural Gas                               |
| Bucket: Piston Turbine   | <u>Electric Motor</u> <input checked="" type="radio"/> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well  | Windmill Other (specify): _____   |
| Other (specify): _____   | Horse Power Rating of Motor: <u>3</u>                                   |
| Date Pump Installed: <u>11/20/06</u>   | Setting Depth: <u>100</u> feet  |
| Rated Pump Capacity: <u>25</u> Gallons Per Minute                                      | Number of Stages: <u>15</u>   |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one   |
|--|---|
| Date Well Tested: <u>11/20/06</u>                          | Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input checked="" type="radio"/> Steel Tape |
| Static Water Level (A): <u>65</u> Feet Below Land Surface  | Other (specify): _____  |
| Pumping Water Level (B): <u>76</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet   |
| Drawdown (B) - (A): <u>11</u> Feet Below Land Surface      | Well yielded <u>38</u> GPM with a drawdown of   |
| Test Pumping Rate: <u>38</u> Gallons Per Minute            | <u>11</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

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