

# 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)

County: Lincoln  
Permit #: \_\_\_\_\_  
Driller: GREEN WATER WELL & SUPPLY, INC.  
Date drilling completed: 7-20-12

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: B95  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

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>Bill Johnson</u>	Latitude: <u>31° 37' 29.6"</u> Longitude: <u>90° 34' 6.98"</u>
Mailing Address: <u>2327 Bowie Mill Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Brookhaven, Ms. 39601</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NW</u> 1/4 <u>NW</u> 1/4 Sec <u>35</u> Twn <u>8N</u> Rng <u>6E</u>
Telephone No. <u>(504) 616-7646</u>	Distance Direction Nearest Town <u>2</u> Miles <u>SW</u> of <u>Lloyd Moss</u>

Well Data

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

Date well drilling started: 7-20-12 Date well drilling completed: 7-20-12

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

Static Water Level: 69 feet above or below (circle one) land surface Date measured: 7-20-12

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

Hole depth: 191 Well depth: 180 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 160 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .010 inches Setting depth: From 160 feet to 180 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.

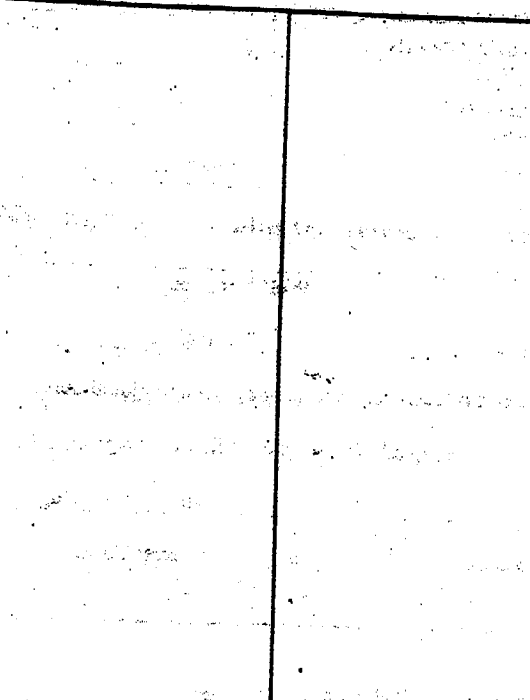
GREEN WATER WELL & SUPPLY, INC.  
BRIAN D. McCLENDON, UNR-00000664

Print Name of Water Well Contractor and License No. Brian McCleendon  
Signature of Water Well Contractor

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AUG 08 2012  
BY: OLWR

If well telescopes please sketch below and show depths.

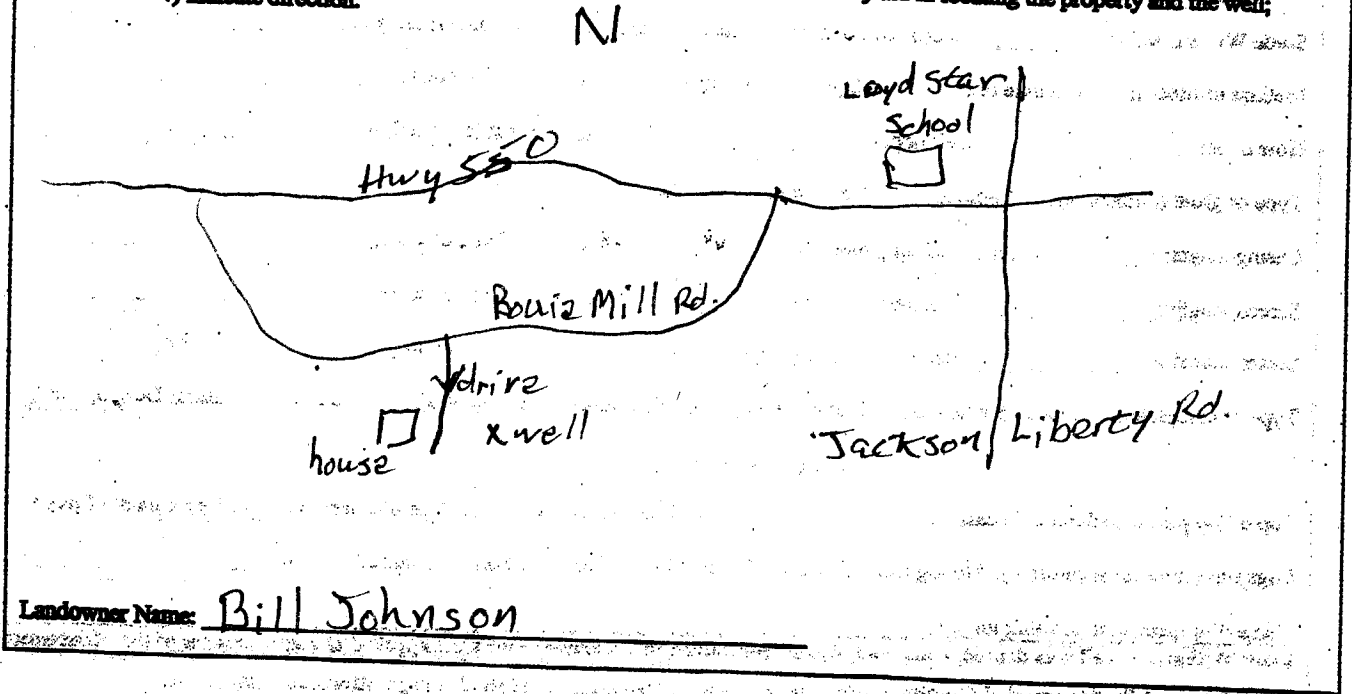
Ground Level



Description of Formations Encountered	From	To
red clay	0	6
streaky	6	20
sand & gravel	20	38
streaky	38	54
blue clay	54	96
white clay	96	118
blue clay	118	150
sand w/ clay streaks	150	183
blue clay	183	191

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.



Brian Mc Clendon 664

Signature of Water Well Contractor

# 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 #: B95

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

County: Lincoln

Permit #: \_\_\_\_\_

Driller: GREENN WATER WELL & SUPPLY, INC.

Date completed: 7/22/12

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>Bill Johnson</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2327 Bowie Mill Rd</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Brookhaven MS 39601</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE 1/4 NW 1/4 Sec 35 Twn 8N Rng 6E</u>
Telephone No. <u>(504) 616 7646</u>	Distance Direction Nearest Town
	Miles of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>7/22/12</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>16</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7/22/12</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>69</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>74</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>16</u> GPM with a drawdown of
Test Pumping Rate: <u>18</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.

WILLIAM L. HARDIN, V, UNR-00000802

Print Name of Pump Installer and License No. (if applicable)

William Hardin

Signature of Pump Installer

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AUG 23 2012

BY: [Signature]