

Part 2 never received 4/13

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 #: C-81
L. S. Elevation: _____
E-log #: _____

County: Lincoln
Permit #: _____
Driller: GRENN WATER WELL & SUPPLY, INC.
Date drilling completed: 3/10/06

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>Kathy Martin</u>	Latitude: <u>31° 40' 00"</u> Longitude: <u>90° 30' 54"</u>
Mailing Address: <u>943 Denice Trl.</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 NW 1/4 Sec 16 Twn 8N Rng 7E</u>
Telephone No. <u>(601) 823-5375</u>	Distance Direction Nearest Town <u>3 Miles NE of Loyd Star</u>

Well Data

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

Date well drilling started: 3/10/06 Date well drilling completed: 3/10/06

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

Static Water Level: 125 feet above of below (circle one) land surface Date measured: 3/10/06

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

Hole depth: 177 Well depth: 170 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: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 160 feet to 170 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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APR 17 2006

BY: OLWR

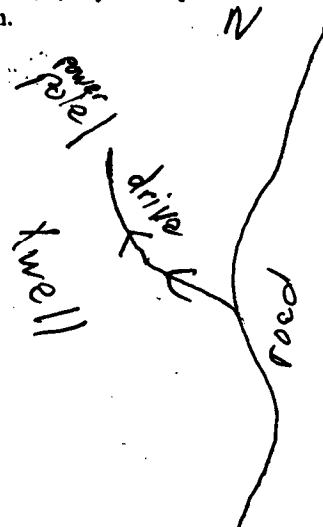
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
red clay	0	5
clay gravel	5	49
white clay	43	63
sand	63	73
white clay	73	125
sand w/ clay streaks	123	177

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: Kathy Martin

Brian McClendon
Signature of Water Well Contractor

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