

# 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 #: F85  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Lincoln  
Permit #: \_\_\_\_\_  
Driller: GRENN WATER WELL & SUPPLY, INC.  
Date drilling completed: 9-7-11

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>Leonard Porter</u>	Latitude: <u>31° 31' 50<sup>30</sup>"</u> Longitude: <u>90° 36' 04<sup>02</sup>"</u>
Mailing Address: <u>303 Knox Ln</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Brookhaven ms 39601</u> City State Zip Code	USGS quad: <u>SE 1/4 SE 1/4 Sec 33 Twn 7N Rng 6E</u>
Telephone No. <u>(601) 757-4154</u>	Distance Direction Nearest Town <u>8 Miles SW of Brookhaven</u>

### Well Data

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

Date well drilling started: 9-7-11 Date well drilling completed: 9-7-11

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

Static Water Level: 48 feet above or below (circle one) land surface Date measured: 9-7-11

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

Hole depth: 60 Well depth: 58 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 48 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 10/10 inches Setting depth: From 48 feet to 58 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 D. McCLENDON, UNR-00000664

Brian McCleendon

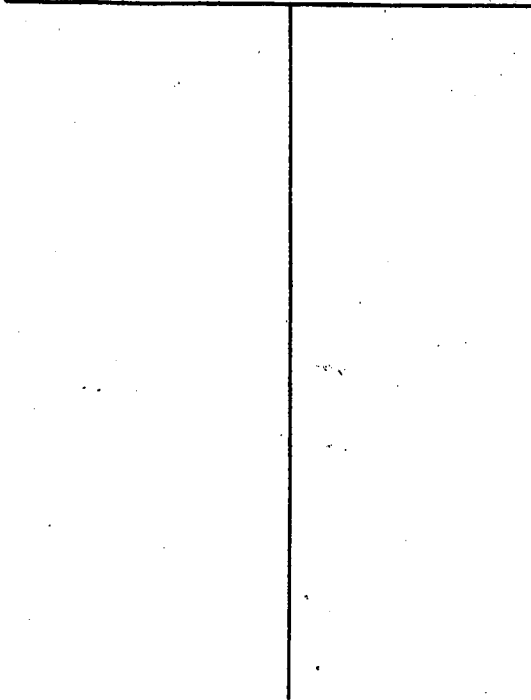
Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

F85

If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
red clay	0	10
sand & gravel	10	58
white clay	58	60

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: Leonard Porter

Brian McClendon 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 #:   F85    
 Elevation: \_\_\_\_\_

County: Lincoln  
 Permit #: \_\_\_\_\_  
 Driller: GRENN WATER WELL & SUPPLY, INC.  
 Date completed: 9-8-11

**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>LEONARD PORTER</u>	Latitude: <u>31° 31' 58.2"</u> Longitude: <u>90° 36' 04.5"</u>
Mailing Address: <u>303 KNOX LN</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>SE 1/4 SE 1/4 Sec 33 Twn 7N Rng 6E</u>
Telephone No. <u>(601) 757-4154</u>	Distance Direction Nearest Town
	<u>8 Miles SW of Brookhaven</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" 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>1/2</u>
Date Pump Installed: <u>9-8-11</u>	Setting Depth: <u>57</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 Circle one
Date Well Tested: <u>9-8-11</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input checked="" type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>48</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>52</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>4</u> Feet Below Land Surface	Well yielded <u>10</u> GPM with a drawdown of
Test Pumping Rate: <u>10</u> Gallons Per Minute	<u>4</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.  
 MICHAEL W. KEES, RPO-00000801  
 Print Name of Pump Installer and License No. (if applicable) Michael W. Kees  
 Signature of Pump Installer