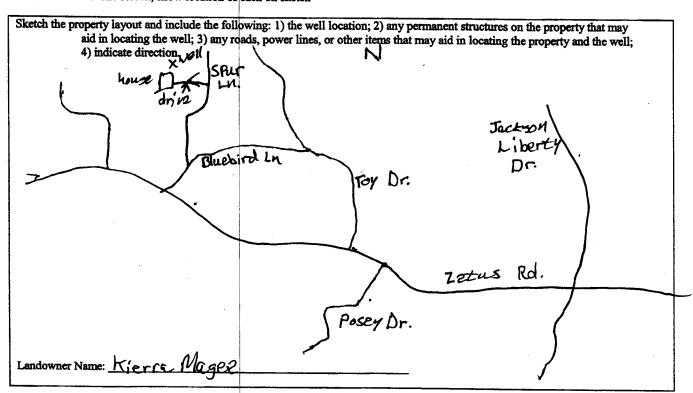
	State W	ell Report			
county: Lincoln	Part 1		For Office Use Only:		
M		of Environmental Quality	Aquifer:		
Permit #: GRENN WATER WELL &	l e	nd Water Resources ox 10631	Well #:		
Driller: SUPPLY, INC.		S 39289-0631	L. S. Elevation:		
Date drilling completed: 4-24-13	, ,	961-5210	T1-#		
	(601)334	1-6938 (fax)	E-log #:		
State Law requires that this report 30 days of completion of drilling of		driller in detail and filed w	ith the Department within		
Well Owner Information		Well	Location		
Owner Name Kierra Magee			" Longitude: 90° 37: 075"		
Mailing Address: 1515 Spur L	n	Method of Lat/Long (circle or	ne): Conventional Survey,		
			GP9, Survey-grade GPS		
Brookhaven, Ms. City State	Brookhaven, Ms. 39601 NE% SE % Sec 8 City State Zip Code				
Telephone No. (601) 532-0611 Distance Direction Nearest Town 9 Miles N W of Brook a Ven					
	Well I	Data			
Purpose of Well (circle one) Home Indust	trial Public Supply	Irrigation Fish Culture	Other:		
Date well drilling started: 4-24-1	Date v	vell drilling completed: 4	-24-13		
If flowing, method of flow regulation: Valve Other (describe)					
Static Water Level: 78 feet above of below (circle one) land surface Date measured: 4-24-13					
Method of Measurement (circle one) steel tape electric tape air line other:					
Hole depth: 103 Well depth	. 100	Well grouted to a depth of _	1 Ofeet		
Type of grout (circle one): Cement	Bentonite Mix				
Casing length: 80 feet Casing	diameter: 4	inches Type of casing:	PVC		
Screen length: 20 feet Screen	diameter: 4	inches Type of screen:	PK		
Screen slot size:inches	Setting depth: From_	80 feet to 10	<u>feet</u>		
Type of completion (circle all applicable): Cravel 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,		harement of ticality leaning in	is and state laws.		
· ·	0000664	Bruan 1	1 Clend Stormer		
Print Name of Water Well Contractor and Li	cense No.	Signature of	f Water Well Contractor		

If well telescopes please sketch below and show depths.

Ground Level		
		-
:		
·		
	. 4	

Description of Formations Encountered	From	То
red clay	0	9
gravel	9	60
sand tgravel	60	102
yellow clay	102	103

If more than one screen, show location of each on sketch



Signature of Water Well Contractor 664

STATE WELL REPORT Part 2

County: Lincoln Driller: GRENN WATER WELL

Permit #:

Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631

For Office Use Only:		
Aquifer:		
Well#: FC 2 Elevation:		

& SUPPLY INC Date completed: 4/27/13	(601)	IS 39289-0631 961-5210 4-6938 (fax)	Elevation:		
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	1		ll Location		
Owner Name: Kierra Magee		Latitude: 31635 211 "Longitude: 90°37 075"			
Mailing Address: 1515 Sper La		Method of Lat/Long (circle one): Conventional Survey,			
		USGS quad, Hand-held GPS, Survey-grade GPS			
Brookhaven M5 3960 City State Zip Code		NE 1/4 SE 1/4 Sec 8 Twn 7N Rng 6E			
5.1,	p 0000	Distance Direction Nearest Town			
Telephone No. (661) 532 - 0611		9 Miles NW of Brookhazen			
Pump Type Circle one		Power Type Circle one			
Air Lift Jet	ubmersible >	Diesel Engine Gasoli	ne Engine Natural Gas		
Bucket Piston T	urbine	Electric Motor Hand	Tractor PTO		
Centrifugal Rotary F	lowing Well		(specify):		
Other (specify):		Horse Power Rating of Motor:			
Date Pump Installed: 4/27/13		Setting Depth: 99	feet		
Rated Pump Capacity:		Number of Stages: 9			
Pump Test Data Date Well Tested: 4/27/13			easuring Water Level Circle one		
Static Water Level (A): 78 Feet Below Land Surface		Air Line Electric Mea	asuring Line Steel Tape		
Pumping Water Level (B): 90 Feet Below Land Surface		Other (specify):			
Drawdown [(B) - (A)]: 7 Feet Below Land Surface		For flowing well, measured si	nut in head:feet		
Test Pumping Rate: Gallons Per Minute		Well yielded GPM with a drawdown of			
Duration of Pump Test (minimum 4 hours): 4 hours		feet after_	hours of pumping		
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) Signature of Pump Installer