	State Well J	Report 1	For Office Use Only:	
county: Lincoln	Part 1			
•	Mississippi Department of E	vironmental Quality	Aquifer:	
Permit #:	Office of Land and W	Well #: <u>F-481</u>		
Driller: GRENN WATER WELL &	P.O. Box 10 Jackson, MS 392		L. S. Elevation:	
Driller: GREINN WATER WELL & SUPPLY, INC. Date drilling completed:/18/06	(601)961-5			
	(601)354-693		B-log #:	
State Law requires that this rep 30 days of completion of drilling	ort be prepared by the drille	r in detail and filed w	ith the Department within	
SU days of completion of drining Well Owner Inform		Well	Location	
Owner Name_JEFFERY	Roza Leti	nde: 21 . 37 . 461	" Longitude 2 . 36	
Uwner Name_JCFF-Cip		27	2.2	
Mailing Address: 108 NOble	Met	od of Lat/Long (circle on	ne): Conventional Survey,	
		USGS quad, Hand-held	GPS Survey-grade GPS	
Brookhaven	MS 39601 NA		3 Twn 7N Rng 7E	
$\frac{100 \text{ MW}(1)}{\text{City}}$	ate Zip Code			
	Dist	Ance Direction	of Brod France	
Telephone No. (60/) 754-7	676		u	
· · · · · · · · · · · · · · · · · · ·	Well Data			
Purpose of Well (circle one Home) In	dustrial Public Supply Irri	ation Fish Culture	Other:	
Date well drilling started:4/181			18/06	
If flowing, method of flow regulation: Va				
Static Water Level: <u>33</u> feet a	bove of below circle one) land s	inface Date measured:	4/18/06	
•• *		air line other:		
Hole depth: 145 Well d	epth: <u>140</u> W	ell grouted to a depth of	<u> </u>	
Type of grout (circle one): Cement	Bentonite) Mix		~	
		hes Type of casing:	PVC	
			· ^	
Screen length: <u>20</u> feet Sc	reen diameter:in	ches Type of screen:		
Screen slot size: ,010_inches	Setting depth: From/	20feet 10	140_feet	
			n hole Natural Development	
Type of completion (circle all applicable		• •	-	
	Other (describe):			
Top of lap pipe or reduction in casing:	feet If telecon	ned or more than one so	reen, describe on back of page	
Logs run (circle all applicable) No log	-			
and the for an approached the logi			- · · · · · · · · · · · · · · · · · · ·	
	to a second second to a second	lance with all conflicts	a requirements of the Mississin	
Name of organization running log(s):				
I certify that the well was drilled, cons		ant of Wealth mamilation		
I certify that the well was drilled, cons Department of Environmental Quality	and/or the Mississippi Departn	ent of Health regulation		
I certify that the well was drilled, cons Department of Environmental Quality GRENN WATER WELL & SUPPLY	and/or the Mississippi Departn (, INC.	ent of Health regulation	MGMb, das1	
I certify that the well was drilled, cons Department of Environmental Quality GRENN WATER WELL & SUPPLY Brian McClendon, lic. no	and/or the Mississippi Departn 7, INC. 0-664	Bring	Mª Clender	
I certify that the well was drilled, cons Department of Environmental Quality GRENN WATER WELL & SUPPLY	and/or the Mississippi Departn 7, INC. 0-664	Bring	of Water Well Contractor	
I certify that the well was drilled, cons Department of Environmental Quality GRENN WATER WELL & SUPPLY Brian McClendon, lic. no.	and/or the Mississippi Departm (, INC. 0-664 d License No. RECEIVI		Mª Clender	
I certify that the well was drilled, cons Department of Environmental Quality GRENN WATER WELL & SUPPLY Brian McClendon, lic. no.	and/or the Mississippi Departm 2, INC. 0-664 d License No. RECEIVI MAY 1 0 200	Brief Signature	Mª Clender	
I certify that the well was drilled, cons Department of Environmental Quality GRENN WATER WELL & SUPPLY Brian McClendon, lic. no.	and/or the Mississippi Departn 7, INC. 0-664	Brief Signature	Mª Clender	

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If well telescopes please sketch below and show depths.

Ground Level	Description of Formations Encountered	From	To	
	- Ped clar	0	10	
	Sand Baravel	10	45	-
	White clar	15	R	
	STEPALEV	78	150	120
1	Sand Grave	120	140	
	white Chr	140	145	
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			+	1
	,		+	1
			1	1
				1

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. . -·· tree drive ouse welk Landowner Name:

Signature of Water Well Contractor

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

G-

Permit #:	Part 2 Pump Installer's Completion Report					For	Office Use Only:	
Driller: GRENN WATER WELL & Supplies in the interval of the int	Pump Installer's Completion Report Mississippi Department of Environmental Quality				ality	Aquifer:		
SUPPLY, TNC Date complete: $5/11/0b$ Jackson, MS 39289-0631 (601)354-6938 (fax) This report should be prepared by the pump installer in detail and filed with the Dep Installation of pump. Well Owner Information Owner Name: $5 e fferg Bogd Latitude: 31^0 33' Method of Lat/Long (ciUSGS quad Method of Lat/Long (ciUSGS quad Recok hoven MS 39(60)/City State Zip Code Distance Direc Direct Circle one Air Lift Jet Submersible Diesel Engine Pump TypeCircle one Circle one Air Lift Jet Submersible Diesel Engine Bucket Piston Turbine Befective Mote Submersible Diesel Engine Outer for for for Stages:$	Office of Land and Water Resources					Well #: G - 481		
Date completed. $D = 111/10^{10}$ (601)354-6938 (fax) This report should be prepared by the pump installer in detail and filed with the Dep installation of pump. Well Owner Information Owner Name: $\exists e f f e \prec g d$ Latitude: $\exists 1^{\circ} \exists 3^{\circ}$ Mailing Address: $ OS NOble. Dr. Method of Lat/Long (cill USGS quad Brook haven MS \exists g OO Net d d f as f f e \prec g d d Method of Lat/Long (cill USGS quad Brook haven MS \exists g OO Owner Name: d f e f e f e f e f e f e f e f e f e f $				31		Wcll #:	5-481	
Installation of pump. Well Owner Information Owner Name: $\exists e fferg loggd Latitude: \exists 1^0 \exists 3^{-1} Mailing Address: [08] Noble. Dr. Method of Lat/Long (cill USGS quad Brock haven MS \exists 9(\omega) / City State Zip Code Distance Direct Distance Direct Pump Type Citrele one Air Lift Bucket Piston Turbine Blecket Piston Citrele one Air Lift Date Pump Type Citrele one Air Lift Bit Cotre Objective: The State Date Pump Installed: \leq /11/0.6 Rated Pump Capacity: _40 Gallons Per Minute Date Well Tested: _5/11/0.6 Static Water Level (B): _33 Feet Below Land Surface Pump Test Callons Per Minute $						Elevation:	Elevation:	
Well Owner Information Owner Name: $\exists e f f e \leq g \leq$	install	ller in de	etail and filed w	vith the D	epartmen	t within 30	days of the	
Mailing Address: $\Box S$ <td></td> <td>· · · <u>-</u>·</td> <td></td> <td></td> <td>. ,</td> <td>Location</td> <td>·</td>		· · · <u>-</u> ·			. ,	Location	·	
Mailing Address: $\square \square $	Owner Name: Jeffery Boyd Mailing Address: 108 Noble. Dr.		Latitude:	310 33	461	Longitude:	90 28 367	
Buck haven MS 39601 NE $4.5W$			Method of	22 Method of Lat/Long (circle one): Conventional Survey,				
Buck haven MS 39601 NE $4.5W$				USGS qu	ad Hand	held GPS,	Survey-grade GPS	
City State Zip Code Distance Distance Direc Pump Type	396	0						
Telephone No. (401) $754 - 7642$ 2 _Miles 5 Pump Type Circle one Diesel Engine 2 _Miles 5 Air Lift Jet Submersible> Diesel Engine 6 Bucket Piston Turbine Electric Motor Bucket Piston Turbine Electric Motor Centrifugal Rotary Flowing Well Windmill Other (specify):	Zip Co	ode			rection	Nearest		
Pump Type Circle one Air Lift Jet Submersible> Diesel Engine Bucket Piston Turbine Electric Motor Bucket Piston Turbine Electric Motor Contrifugal Rotary Flowing Well Windmill Other (specify):								
Circle one Air Lift Jet Submersible> Diesel Engine Bucket Piston Turbine Electric Motor Bucket Piston Turbine Electric Motor Centrifugal Rotary Flowing Well Windmill Other (specify):								
Bucket Piston Turbine Electric Motor Bucket Piston Turbine Electric Motor Centrifugal Rotary Flowing Well Windmill Other (specify):		·		Power Type Circle one				
Centrifugal Rotary Flowing Well Windmill Dther (specify):	sible	Ð	Diesel Eng	ine	Gasolin	e Engine	Natural Gas	
Dther (specify):	e		Electric M	otor	Hand		Tractor PTO	
Date Pump Installed: $\leq /11/0 b$ Setting Depth: Rated Pump Capacity: 40 Gallons Per Minute Number of Stages: Pump Test Data Method Date Well Tested: $\leq /11/0 b$ Air Line Method Static Water Level (A): 33 Feet Below Land Surface Air Line Other (specify): Pumping Water Level (B): 53 Feet Below Land Surface For flowing well, meas Drawdown [(B) - (A)]: 20 Feet Below Land Surface For flowing well, meas Dest Pumping Rate: 40 Gallons Per Minute Well yielded	ng Wel	ell	Windmill	•	Other (a	specify):	·	
Rated Pump Capacity: 40 Gallons Per Minute Number of Stages: Pump Test Data Method Date Well Tested: 5/11/06 Air Line Method Static Water Level (A): 33 Feet Below Land Surface Other (specify): Image: Comparison of the system of the syst		-	Horse Pow	er Rating	of Motor:	3		
Pump Test Data Method Date Well Tested: $5/1/06$ Air Line Static Water Level (A): 33 Feet Below Land Surface Pumping Water Level (B): 5.3 Feet Below Land Surface Other (specify): Drawdown [(B) - (A)]: 20 Feet Below Land Surface For flowing well, meas Test Pumping Rate: 60 Gallons Per Minute Well yielded 60 Duration of Pump Test (minimum 4 hours): 4 hours 20 feet HEREBY CERTIFY that the above statements are true to the best of my knowledge.			Setting De	pth:	9	0	fcct	
Date Well Tested: $5/11/06$ Static Water Level (A): 33_Feet Below Land Surface Pumping Water Level (B): 53_Feet Below Land Surface Drawdown [(B) - (A)]: Z0_Feet Below Land Surface Test Pumping Rate: 60_Gallons Per Minute Duration of Pump Test (minimum 4 hours): 4 HEREBY CERTIFY that the above statements are true to the best of my knowledge.	Per M	Minute	Number of	Stages: _	9			
Date Well Tested: $5/11/06$ Static Water Level (A): 33 Feet Below Land Surface Pumping Water Level (B): 53 Feet Below Land Surface Drawdown [(B) - (A)]: 20 Feet Below Land Surface Feet Pumping Rate: 60 Gallons Per Minute Duration of Pump Test (minimum 4 hours): 4 hours HEREBY CERTIFY that the above statements are true to the best of my knowledge.			 	Meth	od of Mea	suring Wat	er Level	
Static Water Level (A): S	_					rcle one	•	
Pumping Water Level (B):	and S	Surface	Air Line	Æ	ctric Meas	uring Line	Steel Tape	
Drawdown [(B) - (A)]: ZO Feet Below Land Surface For flowing well, meas Test Pumping Rate: Go Gallons Per Minute Well yielded Go Duration of Pump Test (minimum 4 hours): Hours ZO feet HEREBY CERTIFY that the above statements are true to the best of my knowledge. For flowing well, meas			Other (spe	cify):				
Cest Pumping Rate: 60 Gallons Per Minute Well yielded 60 Duration of Pump Test (minimum 4 hours): 4 hours 20 feet HEREBY CERTIFY that the above statements are true to the best of my knowledge. File File File								
Duration of Pump Test (minimum 4 hours):hours				-		Ç .		
HEREBY CERTIFY that the above statements are true to the best of my knowledge.								
		_hours	20	fc	et after	<u> </u>	hours of pumping	
	true to	o the bes	st of my knowle		1	•		
William Hardin, lic. no. 0-717P DEAL William		3FC	FILL					
				guature of	rump ins			
MAY 1 6 2006 BY: OLWR	<u> </u>	mar 1 Na	6 2006					