County: Lincoln
Permit #:
Driller GRENN WATER WELL &
Driller: GRENN WATER WELL & SUPPLY, INC.
Date drining completed:

State Well Report

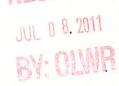
Part 1

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: 6538	
Well #:	
L. S. Elevation:	
B-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.

30 days of completion of drilling of the well.	· · · · · · · · · · · · · · · · · · ·			
Well Owner Information	Well Location 3			
Owner Name Chuck Smith	Latitude: 31 • 31 · 7 × Longitude: 26 • 31 :5 × 2			
Mailing Address: 737 Hwy 84 W	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, Hand-held GPS, Survey-grade GPS			
Brookhaven M 5 39601 City State Zip Code	NESW Direction Nearest Town of Rock Knaven			
Telephone No. (601) 695 - 7906	2.5 Miles SW of Brookenaver)			
Well	Uata			
Purpose of Well (circle one) Home Industrial Public Supply				
Date well drilling started: 6-13-11 Date	well drilling completed: 6-/3-//			
If flowing, method of flow regulation: Valve Other (c				
Static Water Level:feet above or below (circle one)	land surface Date measured: 6-13-//			
Method of Measurement (circle one) steel tape electric tape	air line other:			
Hole depth: 228 Well depth: 202	Well grouted to a depth offeet			
-Type of grout (circle one): Cement Bentonite Mix				
Casing length: 192 feet Casing diameter: 4				
Screen length: 16 feet Screen diameter:				
Screen slot size: 1010 inches Setting depth: From	192 feet to 202 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 t	elescoped 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 De	partment of Health regulations and state laws.			
GRENN WATER WELL & SUPPLY, INC.	o. Mreal			
Brian McClendon, lic. no. 0-664	Brian McClendon			
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor			



From	To
0	40
40	60
60	82
82	105
105	147
147	177
177	227
127	228
	103

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

ketch the p	property layout and include the followaid in locating the well; 3) any roa 4) indicate direction.	ving: 1) the well location; 2) and ds, power lines, or other items	that may aid in locating the propert	y and the well;
		100	ad	
	well	x drive	house	
		shed	•	
andown	er Name: Chuc	k Smit	<u>5</u>	

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

Signature of Water Well Contractor

1 clendon

STATE WELL REPORT

Part 2

County: INCO

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 O	ffice Use Only:
Aquifer:	
Well #:	
Elevation:	

Driller: GRENN WATER WELL & SUPPLY, INC.	P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210		Well #:		
Date completed: 6-14-11	(601)354-6938 (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		Well	Location		
Owner Name: Churk Smith		31.740	Longitude: 9	1°311542"	
Mailing Address: 737 Hwy 841	<u>√</u> Method of	Lat/Long (circle on	sircle one): Conventional Survey,		
		USGS quad, Hand-held GPS, Survey-grade GPS			
Brookhaven, MS City State	3960/ Nw 4	NW 4 5E 4 Sec 32 Twn 7N Rng 7E			
	Distance	Direction	Nearest Tow	n	
Telephone No. (601) 695 - 79 02	2.5	Miles <u>くい</u> of	Brookh	sien_	
Pump Type	<u> </u>	Pov	ver Type		
Circle one			rcle one		
Air Lift Jet Sub	mersible Diesel Eng	rine Gasolin	e Engine	Natural Gas	
Bucket Piston Tur	oine Electric M	otor Hand		Tractor PTO	
	wing Well Windmill	Other (specify):		
Other (specify):	Horse Pow	er Rating of Motor:		<u>:</u>	
Date Pump Installed: (0-14-1)	Setting De	pth:15	0	feet	
Rated Pump Capacity: 10 Galle	ons Per Minute Number of	Stages:		-	
Pump Test Data		Method of Me	asuring Water I	ævel	
Date Well Tested: 6-14-11	·	Ci	rcle one		
Static Water Level (A): 8D Feet Belo	w Land Surface Air Line	Electric Mea	suring Line	Steel Tape	
Pumping Water Level (B): Feet Below	v Land Surface Other (spe	cify):			
Drawdown [(B) – (A)]:Feet Below	w Land Surface For flowin	g well, measured sh	ut in head:	feet	
Test Pumping Rate: [D] Galle	ons Per Minute Well yield	ed <u>10</u>	_GPM with a d	rawdown of	
Duration of Pump Test (minimum 4 hours):	<u>4</u> hours	feet after	ho	urs of pumping	
I HERERY CERTIEV that the above statement	one two to the heat of any law of				
I HEREBY CERTIFY that the above statements MICHAEL W. KEES, RPO-0000801	are true to the best of my knowle	age.	~x~<		
Print Name of Pump Installer and License No. (i	f applicable) S	ignature of Pump In	staller		