

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)

County: Lincoln
Permit #: _____
Driller: GREENN WATER WELL & SUPPLY, INC.
Date drilling completed: 2-8-13

For Office Use Only:

Aquifer: _____
Well #: G551
L. S. Elevation: _____
E-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.

Well Owner Information	Well Location
Owner Name: <u>Chance Evans</u>	Latitude: <u>31° 31' 903"</u> Longitude: <u>90° 31' 601"</u> <small>54 36</small>
Mailing Address: <u>P.O. Box 55</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>McCall Creek, MS. 39647</u> City State Zip Code	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
Telephone No. <u>(225) 270-5665</u>	<u>NE 1/4 SW 1/4 Sec 32</u> Twn <u>7N</u> Rng <u>7E</u>
	Distance Direction Nearest Town <u>4</u> Miles <u>SW</u> of <u>Brookhaven</u>

Well Data

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

Date well drilling started: 2-8-13 Date well drilling completed: 2-8-13

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

Static Water Level: 72 feet above or below (circle one) land surface Date measured: 2-8-13

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

Hole depth: 224 Well depth: 214 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 204 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 104 feet to 114 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.

GREENN 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

RECEIVED

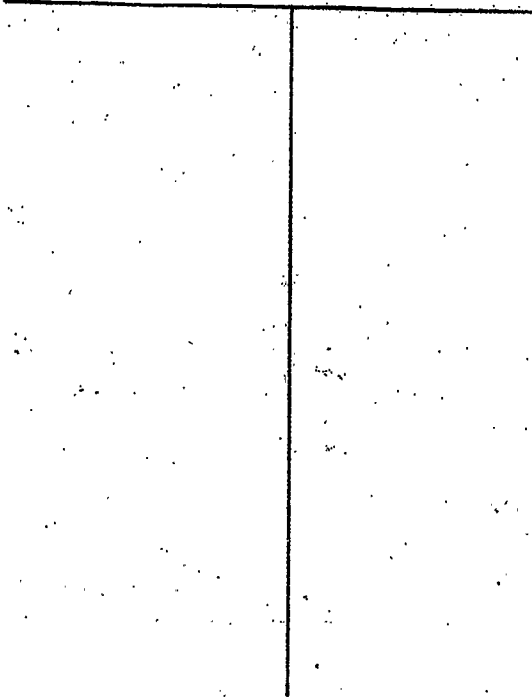
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BY: OLWR

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If well telescopes please sketch below and show depths.

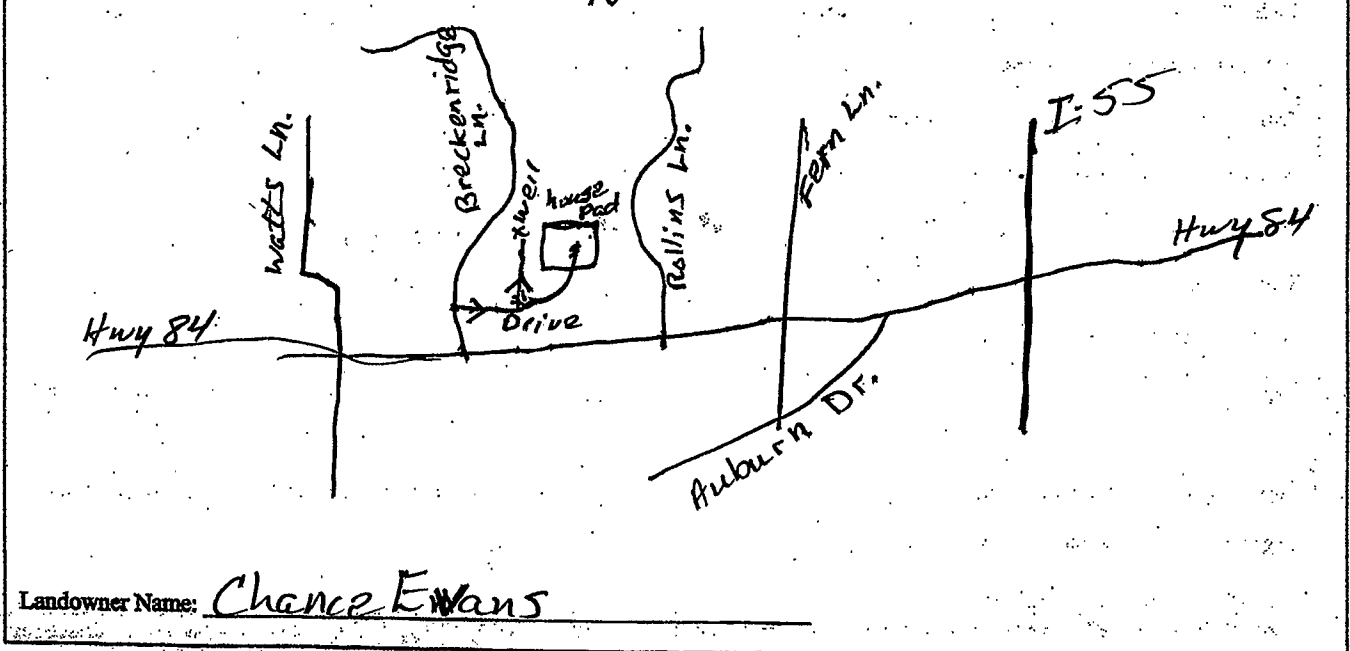
Ground Level



Description of Formations Encountered	From	To
red clay	0	18
red sand	18	60
gravel	60	80
white clay	80	97
S	145	168
blue clay	97	138
white clay	138	145
streaky	145	168
sand	168	215
sand & gravel	215	224

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: Chance Ewans

Brian McClendon
Signature of Water Well Contractor