

# 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 #: K-65  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Lincoln 085  
Permit #: \_\_\_\_\_  
Driller: Green Water Well  
Date drilling completed: 11/17/04

Green Water Well and Supply, Inc

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>Charles Lofton</u>	Latitude: <u>31° 27' 31.8" N</u> Longitude: <u>90° 37' 54.4" W</u>
Mailing Address: <u>2518 Ramah Trl SW</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>McCall Creek, Ms. 39647</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NE 1/4 NW 1/4 Sec 29 Twn 6N Rng 6E</u>
Telephone No. <u>(601) 734-6123</u>	Distance: <u>5</u> Miles Direction: <u>SE</u> of Nearest Town: <u>McCall Creek</u>

**Well Data**

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

Date well drilling started: 11/17/04 Date well drilling completed: 11/17/04

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

Static Water Level: 54 feet above of below (circle one) land surface Date measured: 11/17/04

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

Hole depth: 78 Well depth: 74 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 64 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 64 feet to 74 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.

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

Brian McClendon  
Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

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K. 65

If well telescopes please sketch below and show depths.

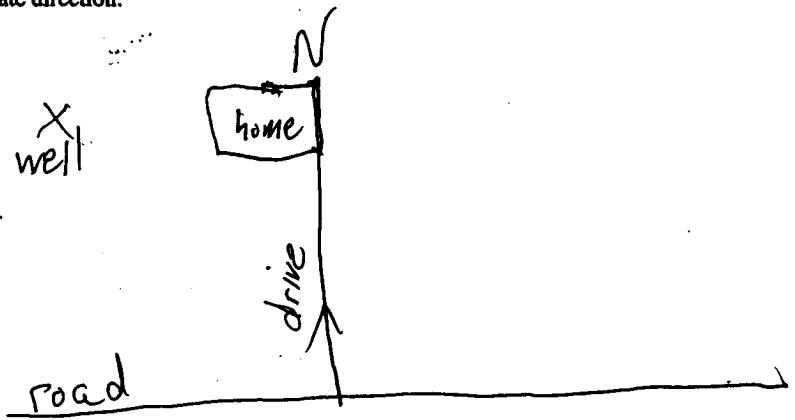
Ground Level

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Description of Formations Encountered	From	To
red clay	0	13
sands gravel	13	36
red clay	36	50
sands gravel	50	74
white clay	74	78

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: Charles Lofton

Brian McClendon  
Signature of Water Well Contractor

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

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# 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 #: K-65

Elevation: \_\_\_\_\_

County: Lincoln  
 Permit #: \_\_\_\_\_  
 Driller: Gretn Water Well  
 Date completed: 11/17/04

**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>Charles Lofton</u>	Latitude: <u>N 31° 27.818'</u> Longitude: <u>W 90° 37.544'</u>
Mailing Address: <u>2518 Ramah Trl SW</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>McCall Creek, Ms. 39647</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City _____ State _____ Zip Code _____	<u>NE 1/4 NW 1/4 Sec 29 Twn 6N Rng 6E</u>
Telephone No. <u>(601) 734-6123</u>	Distance _____ Direction _____ Nearest Town _____
	<u>5 Miles SE of McCall Creek</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <u>Submersible</u>	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston      Turbine	<u>Electric Motor</u> Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>11/17/04</u>	Setting Depth: <u>73</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11/17/04</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>54</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>50</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>11</u> GPM with a drawdown of
Test Pumping Rate: <u>11</u> Gallons Per Minute	<u>5</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.

GRENN WATER WELL & SUPPLY, INC.  
 William Hardin, lic. no. 0-717P

Print Name of Pump Installer and License No. (if applicable) \_\_\_\_\_

William Hardin  
 Signature of Pump Installer

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NOV 24 2004  
 BY: OLWR