

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-79
L. S. Elevation:
E-log #:

County: Lincoln
Permit #:
Driller: GRENN WATER WELL & SUPPLY, INC.
Date drilling completed: 4/24/06

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: Jason Sullivan, 1425 Fauver Rd SW, Brookhaven MS 39601
Well Location: Latitude 31.30.697, Longitude 90.33.909, Method of Lat/Long: Conventional Survey, USGS quad: 24N 54W Sec 1, Twn 6N, Rng 6E, Distance 1 Miles, Direction N, Nearest Town West Lincoln

Well Data: Purpose of Well (circle one) Home, Industrial, Public Supply, Irrigation, Fish Culture, Other:
Date well drilling started: 4/24/06, Date well drilling completed: 4/24/06
If flowing, method of flow regulation: Valve, Other (describe):
Static Water Level: 55 feet above or below (circle one) land surface, Date measured: 4/24/06
Method of Measurement (circle one) steel tape, electric tape, air line, other:
Hole depth: 90, Well depth: 85, Well grouted to a depth of 10 feet
Type of grout (circle one): Cement, Bentonite, Mix
Casing length: 25 feet, Casing diameter: 4 inches, Type of casing: PVC
Screen length: 10 feet, Screen diameter: 4 inches, Type of screen: PVC
Screen slot size: 10/10 inches, Setting depth: From 75 feet to 85 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.

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

Signature of Water Well Contractor: Brian McClendon

Print Name of Water Well Contractor and License No.

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MAY 16 2006
BY: OLWR

If well telescopes please sketch below and show depths.

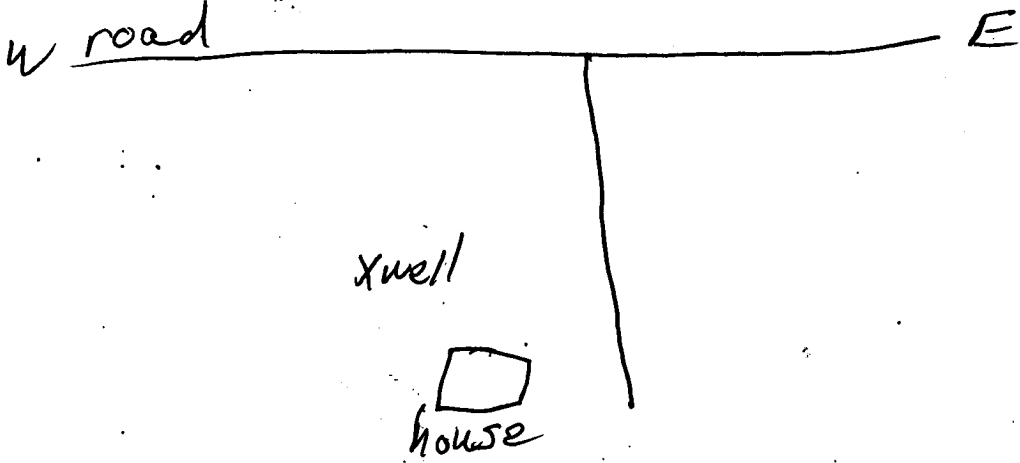
K-

Ground Level

Description of Formations Encountered	From	To
red clay	0	20
streaky	20	60
sand & gravel	60	85
white clay	85	90

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: Jason Sullivan

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

Brian McClendon  
 Signature of Water Well Contractor

# 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-79

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

County: Lincoln  
 Permit #: \_\_\_\_\_  
 Driller: GRENN WATER WELL & SUPPLY, INC.  
 Date completed: 5/5/06

**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>Jason Sullivan</u>	Latitude: <u>31° 30' 697"</u> Longitude: <u>90° 33' 900"</u> <span style="margin-left: 100px;">42</span> <span style="margin-left: 100px;">54</span>
Mailing Address: <u>1425 Fauver Rd SW</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Brookhaven MS 39601</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>SW 1/4 SW 1/4 Sec 1 Twn 6N Rng 6E</u>
Telephone No. <u>(601) 757-1742</u>	Distance Direction Nearest Town <u>1 Miles N of West Lincoln</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <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>5/5/06</u>	Setting Depth: <u>85</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5/5/06</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>55</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>62</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>7</u> Feet Below Land Surface	Well yielded: <u>12</u> GPM with a drawdown of
Test Pumping Rate: <u>12</u> Gallons Per Minute	<u>7</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)

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*William Hardin*  
 Signature of Pump Installer

5 2006

OLWR