•	County:	Pa Mississippi Department Office of Land a P.O. B Jackson, M (601)	ell Report art 1 tof Environmental Quality and Water Resources tox 10631 S 39289-0631 961-5210 4-6938 (fax)	For Office Use Only: Aquifer:		
	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 Location					
	Well Owner Information Owner Name Mailing Address: 1235 West Li Brecktaren City St Telephone No. (201) 750 -53	mcoln Dr ms 39601 ate Zip Code	Latitude: 3/ • 27 · 79 Method of Lat/Long (circle of USGS quad, Fland-held Sec. 2.)	9" Longitude: 90 • 93 • 665"		
	Purpose of Well (circle one) Home In Date well drilling started: 10/30 If flowing, method of flow regulation: V Static Water Level:	dustrial Public Supply Date alve Other (Irrigation Fish Culture well drilling completed: describe) land surface Date measured			

Type of casing: Casing length: 220 feet inches Casing diameter: _ Type of screen: inches Screen diameter: Screen length: __ Screen slot size: 1010 Setting depth: From Type of completion (circle all applicable): Cravel 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): To log run Electric Gamma Ray Density Sonic Neutron

Mix

Well grouted to a depth of __

Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

GRENN WATER WELL & SUPPLY, INC.

Type of grout (circle one): Cement

Brian McClendon, lic. no. 0-664

Well depth: ___

Bentonite

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

Ground Level		
	·	
· ,		
,		
		٠
	·	
	· .	

Description of Pormations Encountered	Prom	То
red clay	0	18
sand & groves	18	64
yellow-clay	64	67
Islue clay	67	180
white Chy	180	205
sond	205	237
yellow clay	237	235
·		

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 i	tems that may aid in locating the property and the well;
4) indicate direction.	•
There are a second	. •

rvad

Landowner Name: Switch X

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

Signature of Water Well Contractor

STATE WELL REPORT

County: Lincoln Permit #:

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources

For Office Use Only:		
Aquifer:		
Well #:	K-98	

Date completed: (A / 3a / 6 7	P.O. Box 10631 son, MS 39289-0631 (601)961-5210 01)354-6938 (fax) Well #:			
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: Sight Lpe	Latitude: 31 27 793 Longitude: 90 33 465			
Mailing Address: 1235 West Lincoln Dr	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad Hand-held GPS Survey-grade GPS			
Brockhaven ms 39601 City State Zip Code	5W14 NW 14 Sec 25 Twn 6N Rng 6E			
City State 22p code	Distance Direction Nearest Town			
Telephone No. (601) 750 -5588	Miles _w of West Lince n			
Ритр Туре	Power Type			
Circle one	Circle one			
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas			
Bucket Piston Turbine	Electric Motor Hand Tractor PTO			
Centrifugal Rotary Flowing Well	Windmill Other (specify):			
Other (specify):	Horse Power Rating of Motor:3			
Date Pump Installed: 10/30/07	Setting Depth: 156 feet			
Rated Pump Capacity: 25 Gallons Per Minut	Number of Stages: 15			
Pump Test Data	Method of Measuring Water Level			
Date Well Tested: 10/30/07	Circle one			
Static Water Level (A):Feet Below Land Surface				
Pumping Water Level (B): 117 Feet Below Land Surface	Other (specify):			
Drawdown [(B) - (A)]:Feet Below Land Surface	Por flowing well, measured shut in head:feet			
Test Pumping Rate:3 Gallons Per Minut	e Well yielded GPM with a drawdown of			
Duration of Pump Test (minimum 4 hours):hours	s 7 feet after 4 hours of pumping			
I HEREBY CERTIFY that the above statements are true to the	best of my knowledge.			

I HEREBY CERTIFY that the above statements are true to the b	est of my knowledge.
GRENN WATER WELL & SUPPLY, INC. William Hardin, lic. no. 0-717P	William Husdin
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer