

# 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: 5-9-12

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: K131  
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>Adam Smith</u>	Latitude: <u>31° 28' 489"</u> Longitude: <u>90° 35' 697"</u>
Mailing Address: <u>12762 Hwy 84E</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 NW 1/4 Sec 22 Twn 6 N Rng 6 E</u>
Telephone No. <u>(601) 421-5020</u>	Distance Direction Nearest Town <u>2 Miles SW of Wades Lincoln</u>

Well Data

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

Date well drilling started: 5-9-12 Date well drilling completed: 5-9-12

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

Static Water Level: 121 feet above or below (circle one) land surface Date measured: 5-9-12

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

Hole depth: 226 Well depth: 220 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 210 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 210 feet to 220 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  
Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

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JUN 04 2012

BY: OLWR



# 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)

County: Lincoln  
 Permit #: \_\_\_\_\_  
 Driller: GRENN WATER WELL & SUPPLY, INC.  
 Date completed: 5-10-12

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: K131  
 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: <u>Adam Smith</u>	Latitude: <u>31°28'48.9</u> Longitude: <u>90°35'6.97'</u>
Mailing Address: <u>12762 Hwy 84 E</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Brookhaven MS 39601</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SW 1/4 NW 1/4 Sec 22 Twn 6 N Rng 6 E</u>
Telephone No. <u>(601) 421 5020</u>	Distance Direction Nearest Town
	<u>2 Miles SW of West Lincoln</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</u>
Date Pump Installed: <u>5-10-12</u>	Setting Depth: <u>150</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>121</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>124</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>3</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>3</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.

WILLIAM L. HARDIN, V, UNR-00000802

Print Name of Pump Installer and License No. (if applicable) William Hardin Signature of Pump Installer

**RECEIVED**

JUN 04 2012

BY: OLWR