

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: GRENN WATER WELL & SUPPLY, INC.
 Date drilling completed: 3-27-13

For Office Use Only:
 Aquifer: _____
 Well #: K139
 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>Dean Smith</u>	Latitude: <u>31° 27' 43.3"</u> Longitude: <u>90° 33' 52.3"</u>
Mailing Address: <u>3624 Hwy 569</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Smithdale MS 39664</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 25 Twn 6N Rng 6E</u>
Telephone No. <u>(601) 248-6463</u>	Distance Direction Nearest Town <u>6 Miles NW of Bogal Chitto</u>

Well Data

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

Date well drilling started: 3-27-13 Date well drilling completed: 3-27-13

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 3-27-13

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

Hole depth: 98 Well depth: 95 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 75 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 75 feet to 95 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 D. McCLENDON, UNR-00000664

Print Name of Water Well Contractor and License No. Brian McCleendon
 Signature of Water Well Contractor

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APR 11 2013

BY: OLWR

