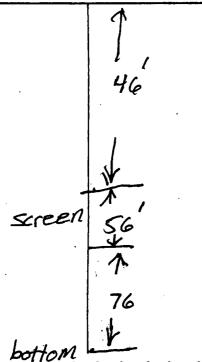
, <del>,</del>			
P. O	J State We	ll Report	For Office Use Only:
County: hincolar		rt 1	
	Mississippi Department	of Environmental Quality	Aquifer:
Permit #:		d Water Resources	Well #: <u>L = 91</u>
Driller GRENN WATER WELL &		x 10631	
SUPPLY, INC.	-	S 39289-0631 61-5210	L. S. Elevation:
Date drilling completed:		-6938 (fax)	B-log #:
		-0750 (Iun)	
State Law requires that this rep	ort be prepared by the c	Iriller in detail and filed w	ith the Department within
30 days of completion of drilling		Wal	Location
Well Owner Inform			
Owner Name Journy Kar	'A	1 N C	_" Longitude: <u>90 •31 •137</u> "
Mailing Address: 690 Kees	Tr	Method of Lat/Long (circle of	
			GPP, Survey-grade GPS
Brookhaven	ms <u>39601</u>		Twn 61/ Rng 7E
City St	tate Zip Code	SW Dimetion	Nearest Town
	12 15	Distance Direction	Nearest Town of <u>Brookhaven</u>
Telephone No. (60/) 5-35-1		MIII	
	Well D	ata	
Purpose of Well (circle one) Home In	dustrial Public Supply	Irrigation Fish Culture	Other:
		vell drilling completed:	7/5/07
Date well drilling started:	Date V		,
If flowing, method of flow regulation: V	alve Other (d	escribe)	
Static Water Level:feet			95707
	steel tape electric tape		
	depth: <u>76</u>	Well grouted to a depth of	10 prices
• • • •	Bentonite Mix		SEP 2
Type of grout (circle one): Cement			
Casing length:feet Ca	using diameter:4	inches Type of casing:	1 2007
		inches Type of screen:	PVC OI IA
Screen length:feet Sc	creen diameter:	menes Type of server.	SVVR
Screen slot size: inches	s Setting depth: From_	46feet to	56_fcct
Type of completion (circle all applicable	e): Gravel packed Under	reamed Telescoped Ope	en hole Natural Development
	Other (describe):		
Top of lap pipe or reduction in casing: _	feet. If t	elescoped or more than one s	creen, 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, con	structed, and completed in	accordance with all applicab	e requirements of the Mississipp
Department of Environmental Quality			
		har arrent of vicanter rolangero	1 1
GRENN WATER WELL & SUPPL Brian McClendon, lic. no		Boran	ME Clendors
Print Name of Water Well Contractor as	nd License No.	Signature	of Water Well Contractor

If well telescopes please sketch below and show depths.





Description of Formations Encountered	From	To
red Clay	<u>a</u>	15
Rand	-1	2
	-43-	
white Day blue Clay	56	Z
1. Pup CR		-
while clay		
· · · · · · · · · · · · · · · · · · ·		┼
· · · · · · · · · · · · · · · · · · ·		┼───┤
· · · · · · · · · · · · · · · · · · ·		
		<b>  </b>

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. . Thouse well Landowner Name:

ictor

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

Signature of Water Well Contractor

STATE WELL REPORT				
County: Pump Installer' Permit #: Office of Land Driller: GRENN WATER WELL & Jackson, N SUPPLY, INC (601	art 2       For Office Use Only:         s Completion Report       Aquifer:         and Water Resources       Max 39289-0631         Box 10631       Well #:         //S 39289-0631       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 Owner Name: Jommy Hees Mailing Address: 690 Kees Tr.	Well Location Latitude: <u>1/31 31 076</u> Longitude: <u>1/31 1.39</u>			
	Method of Lat/Long (circle one): Conventional Survey, USGS quad Hand-held GPS, Survey-grade GPS			
Brookhaven MS 39601 City State Zip Code	<u>SE 1/ NE 1/2 Sec_5 Twn_61/Rng_7E</u> Distance Direction Nearest Town <u>5 Miles 510 of Brasokalawen</u>			
Pump Type	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 Other (specify): Date Pump Installed:	Windmill Other (specify):			
Rated Pump Capacity:Gallons Per Minute	Number of Stages:			
Pump Test Data Date Well Tested: <u>9/6/07</u> Static Water Level (A): <u>29</u> Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface	Method of Measuring Water Level Circle one Air Line Electric Measuring Line Steel Tape Other (specify):			
Drawdown [(B) – (A)]: 6 Feet Below Land Surface	For flowing well, measured shut in head:feet			
Test Pumping Rate: Gallons Per Minute Duration of Pump Test (minimum 4 hours):hours	Well yielded GPM with a drawdown of			
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. GRENN WATER WELL & SUPPLY, INC. Brian D. McClendon, lic. no. 0-664 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer				

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