

# 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 #: L-105  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Lincoln  
Permit #: \_\_\_\_\_  
Driller: GRENN WATER WELL & SUPPLY, INC.  
Date drilling completed: 2/25/09

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>Gary Thornton</u>	Latitude: <u>31.31.13</u> Longitude: <u>90.29.73</u>
Mailing Address: <u>903 Hwy 84 W</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Wesson</u> MS <u>39191</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE</u> <u>SW</u> <u>NW</u> <u>NE</u> Sec <u>3</u> Twn <u>6N</u> Rng <u>7E</u>
Telephone No. <u>(601) 835-4192</u>	Distance <u>3</u> Miles Direction <u>S</u> of Nearest Town <u>Brookhaven</u>

Well Data

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

Date well drilling started: 2/25/09 Date well drilling completed: 2/25/09

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

Static Water Level: 41 feet above or below (circle one) land surface Date measured: 2/25/09

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

Hole depth: 93 Well depth: 84 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 74 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 0.10 inches Setting depth: From 74 feet to 84 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

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

RECEIVED  
MAR 12 2009  
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: GREENN WATER WELL & SUPPLY, INC  
 Date completed: 2/26/09

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: L-105  
 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.

<p>Well Owner Information                  Owner Name: <u>Gary Thornton</u>                  Mailing Address: <u>903 Hwy 84 W</u>  <u>Wesson MS 39191</u>                  City State Zip Code                  Telephone No. (601) <u>835-4192</u></p>	<p>Well Location                  Latitude: <u>31° 31' 113"</u> Longitude: <u>90° 29' 723"</u>                  Method of Lat/Long (circle one): <u>Hand-held GPS</u> Survey-grade GPS                  USGS quad, <u>Hand-held GPS</u> Survey-grade GPS  <u>SE 1/4 NW 1/4 Sec 3 Twn 6N Rng 7E</u>                  Direction Nearest Town  <u>3 Miles 5 of Breckhaven</u></p>
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<p>Pump Type                  Circle one                  Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/>                  Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>                  Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>                  Other (specify): _____</p>	<p>Date Pump Installed: <u>2/26/09</u>                  Rated Pump Capacity: <u>10</u> Gallons Per Minute</p>
<p>Power Type                  Circle one                  Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>                  Electric Motor <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>                  Windmill _____                  Horse Power Rating of Motor: <u>3/2</u>                  Setting Depth: <u>70</u> feet                  Number of Stages: <u>1</u></p>	<p>Pump Test Data                  Date Well Tested: <u>2/26/09</u>                  Static Water Level (A): <u>41</u> Feet Below Land Surface                  Pumping Water Level (B): <u>47</u> Feet Below Land Surface                  Drawdown (B) - (A): <u>6</u> Feet Below Land Surface                  Test Pumping Rate: <u>12</u> Gallons Per Minute                  Duration of Pump Test (minimum 4 hours): <u>4</u> hours</p>

<p>Method of Measuring Water Level                  Circle one                  Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/>                  Other (specify): _____                  For flowing well, measured shut in head: _____ feet                  Well yielded <u>12</u> GPM with a drawdown of _____ feet after <u>6</u> hours of pumping</p>	<p>Pump Test Data                  Date Well Tested: <u>2/26/09</u>                  Static Water Level (A): <u>41</u> Feet Below Land Surface                  Pumping Water Level (B): <u>47</u> Feet Below Land Surface                  Drawdown (B) - (A): <u>6</u> Feet Below Land Surface                  Test Pumping Rate: <u>12</u> Gallons Per Minute                  Duration of Pump Test (minimum 4 hours): <u>4</u> hours</p>
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
 GREENN WATER WELL & SUPPLY, INC.  
 WILLIAM T. HARDIN, LIC. NO. 0-802  
 Print Name of Pump Installer and License No. (if applicable)  
William Hardin  
 Signature of Pump Installer

RECEIVED  
 MAR 12 2009  
 BY: OLWB