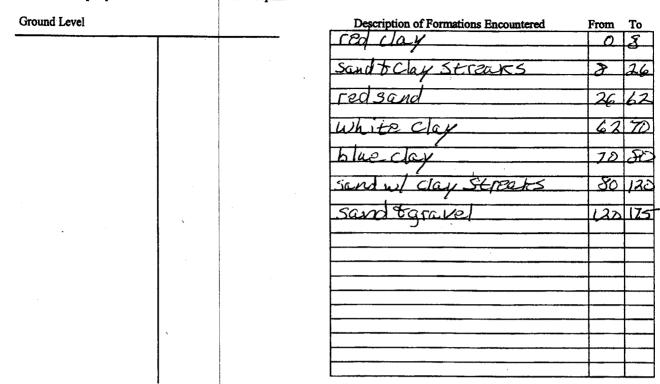
		ell Report	
County: LIncoln	P	Part 1	For Office Use Only:
Permit #:	Mississippi Departmen	t of Environmental Quality	Aquifer:
GRENN WATER WELL &		and Water Resources Box 10631	Well#:
Driller: SUPPLY, INC.	Jackson, N	AS 39289-0631	L. S. Elevation:
Date drilling completed: $5 - 1 - 13$		961-5210 4-6938 (fax)	E-log #:
State Law requires that this re		driller in detail and filed w	vith the Department within
30 days of completion of drillin Well Owner Inform		·31 [°] Wel	Location
Dwner Name Tate Case		31 Latitude: 30 . 20. 20	" Longitude: <u>70° 31. 626</u> "
		Method of Lat/Long (circle or	500
Mailing Address: 512 John So	A CAREVE KASW		
			GPS) Survey-grade GPS
Boque Chitto City S	MS <u>39629</u> tate Zip Code		Twn <u>GN</u> Rng <u>7</u> E
Telephone No. (601) 757 053	73	Distance Direction 3 Miles $N \Theta E$	of Wast Lincoln
· · · · · · · · · · · · · · · · · · ·	Well	L Data	
Purpose of Well (circle one) Home) I	ndustrial Public Supply	Irrigation Fish Culture	Other:
Date well drilling started: $5 - l$			
f flowing, method of flow regulation:	Valve Other (lescribe)	
Static Water Level: <u>H6</u> feet	above of below (circle one)	land surface Date measured:	5-1-13
Method of Measurement (circle one)	steel tape electric tape	air line other:	
Hole depth: <u>175</u> Well	lepth: 170	Well grouted to a depth of	feet
Type of grout (circle one): Cement	Bentonite Mix		
Casing length: <u>16D</u> feet Ca	using diameter:	inches Type of casing:	PK
Screen length:feet Se	reen diameter:4	inches Type of screen:	PVC
Screen slot size: <u>r 010</u> inche	s Setting depth: From	<u>/60</u> feet to _/	70 feet
Type of completion (circle all applicable	e): Gravel packed Unde	rreamed Telescoped Oper	a hole Natural Development
	Other (describe):	·····	
Top of lap pipe or reduction in casing: _	feet. If to	elescoped or more than one sci	reen, describe on back of page
Logs run (circle all applicable): No log	Dua Electric Gamma Ray	y Density Sonic Neutron	Other:
Name of organization running log(s):			
I certify that the well was drilled, con	-	••	
Department of Environmental Qualit GRENN WATER WELL & SUPP		epartment of Health regulation	ns and state laws.
SUPPORT AND A SUPP	JR-00000664	Rain M.	1500 horas
		PRIAN M	- united
BRIAN D. McCLENDON, UN	nd License N-	~	CTTT-4 TTT-11 C
	nd License No.	Signature o	Water Well Contractor RECEIVED

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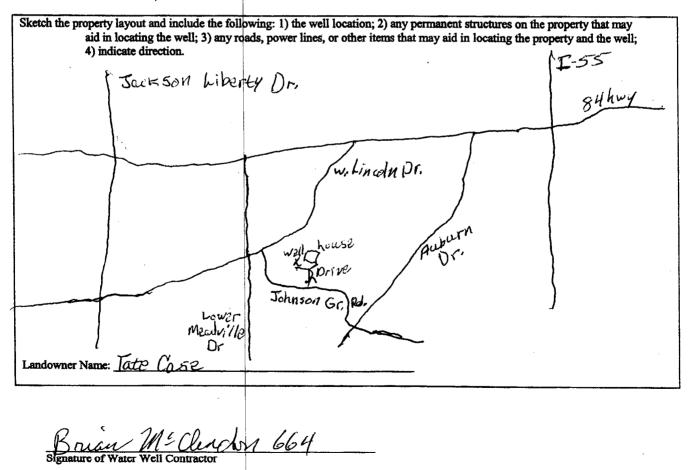
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L130

If well telescopes please sketch below and show depths.



If more than one screen, show location of each on sketch



STATE WELL REPORT				
County:	For Office Use Only: and Water Resources Box 10631 Afs 39289-0631 9961-5210 i4-6938 (fax)			
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: Tate Case	Well Location Latitude: $31^{0}30'686''$ Longitude: $90^{0}31'626''$			
Mailing Address: 512 Johnson Grove RdSW	Method of Lat/Long (circle one): Conventional Survey,			
	USGS quad, Hand-held GPS- Survey-grade GPS			
<u>Boque Chitto MS 39629</u> City State Zip Code	$\frac{SE \frac{1}{5} \frac{SW}{4} \sec 5 \frac{5}{1} \frac{Twn 6N}{Rng 7E}}{Distance Direction Nearest Town}$			
Telephone No. (601) 757-0593	3 Miles NOE of Wast Lincoln			
Pump Type Circle one	Power Type 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): Date Pump Installed:5/5/13 Rated Pump Capacity: [DGallons Per Minute	Horse Power Rating of Motor:			
Pump Test Data	Method of Measuring Water Level			
Date Well Tested: 5/5/13	Circle one			
Static Water Level (A): Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape			
Pumping Water Level (B): <u>55</u> Feet Below Land Surface	Other (specify):			
Drawdown [(B) - (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet			
Test Pumping Rate: 13 Gallons Per Minute	Well yielded <u>13</u> GPM with a drawdown of			
Duration of Pump Test (minimum 4 hours):	feet afterhours of pumping			
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) Signature of Pump Installer				

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MAY **31** 2013

BY: OLWR