

# 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: M 194  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Lincoln  
Permit #: \_\_\_\_\_  
Driller: GRENN WATER WELL & SUPPLY, INC.  
Date drilling completed: 7/8/11

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>Wallace Adams</u>	Latitude: <u>31° 27' <del>25</del><sup>54</sup></u> Longitude: <u>90° 21' <del>37</del><sup>22</sup></u>
Mailing Address: <u>1576 Hwy 583 SE</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Brookhaven MS 39601</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 NW 1/4</u> Sec <u>25</u> Twn <u>6N</u> Rng <u>8E</u>
Telephone No. <u>(601) 823-3656</u>	Distance Direction Nearest Town <u>6</u> Miles <u>NE</u> of <u>Bogue Chitto</u>

Well Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>cattle</u>	
Date well drilling started: <u>7/8/11</u>	Date well drilling completed: <u>7/8/11</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>63</u> feet above or below (circle one) land surface Date measured: <u>7/8/11</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	
Hole depth: <u>123</u> Well depth: <u>120</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>110</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.010</u> inches Setting depth: From <u>110</u> feet to <u>120</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> 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): <u>No log run</u> 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

Brian McCleendon

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

RECEIVED

AUG 05 2011

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: 7-9-11

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: M194  
 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>WALLACE ADAMS</u>	Latitude: <u>31° 27' 41.3"</u> Longitude: <u>90° 21' 38.9"</u>
Mailing Address: <u>1576 Hwy 583 SE</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Brookhaven ms 39601</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 NW 1/4 Sec 25 Twn 6N Rng 8E</u>
Telephone No. <u>(601) 823-3656</u>	Distance Direction Nearest Town
	<u>6 Miles NE of Bogalusa</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>1/2</u>
Date Pump Installed: <u>7-9-11</u>	Setting Depth: <u>93</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>4</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-9-11</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>63</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>68</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface	Well yielded <u>10</u> GPM with a drawdown of
Test Pumping Rate: <u>10</u> Gallons Per Minute	<u>5</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.

MICHAEL W. KEES, RPO-00000801

Print Name of Pump Installer and License No. (if applicable) Michael W. Kees Signature of Pump Installer

**RECEIVED**  
 AUG 05 2011  
 BY: OLWR