1 1 /	State W	ен керогі	F			
County: LINCOIN		Part 1	For Office Use Only:			
,		at of Environmental Quality	Aquifer:			
Permit #:	Office of Land	and Water Resources				
GRENN WATER WELL &	1	Box 10631	Well #: N43			
Driller: SUPPLY, INC.	Jackson, N	IS 39289-0631	L. S. Elevation:			
Date drilling completed: 5-7-/3		961-5210				
	(601)35	4-6938 (fax)	E-log #:			
State Law requires that this repo 30 days of completion of drilling	State Law requires that this report be prepared by the driller in detail and filed with the Department within					
Well Owner Informa		33/27	Totalian			
	vven Location					
Owner Name Dan Beeson		Latitude: 31 • 27:925	5" Longitude: 90 ° 17 3 948			
Mailing Address: 1864 Killings	Worth Ln. Method of Lat/Long (circle		e): Conventional Survey, 57			
		USGS quad, Hand-held	GPS, Survey-grade GPS			
Brookha <i>ven M</i> City Stat	5 39601	NW 4 NE 4 Sec 28	VTwn 6N Kng 9E			
		Distance Direction	Nearest Town			
Telephone No. (601) 447-876		<u>5.5</u> Miles <u>N</u>	of Kuth			
	Well I	l				
	AA CIT I	Jata				
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:						
Date well drilling started: 5-7-13 Date well drilling completed: 5-7-13						
If flowing, method of flow regulation: Valve Other (describe)						
Static Water Level: 36 feet above or below (circle one) land surface Date measured: 5-7-/3						
Method of Measurement (circle one) steel tape electric tape air line other:						
Hole depth: 94 Well depth: 90 Well grouted to a depth of 10 feet						
Type of grout (circle one): Cement Bentonite Mix						
Casing length: 80 feet Casing diameter: 4 inches Type of casing: PVC						
Screen length: 10 feet Screen diameter: 4 inches Type of screen:						
Screen slot size: 10/0 inches Setting depth: From 80 feet to 90 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 wassissippi						
Department of Environmental Quality and or the Mississippi Department of Health regulations and state laws.						
		•	4.4 0 /			
GRENN WATER WELL & SUPPI BRIAN D. McCLENDON, UNF	27, INC. R-00000664	Bright	MECleridon			
Print Name of Water Well Contractor and	l License No.	Signature o	f Water Well Contractor			
LITTLE LANGE OF ALMOST 11 CH CONTRACTOR			DEO(Francisco)			

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MAY **31** 2013

BY: OLWE

If well telescopes please sketch below and show depths.

Ground Level				
	·			
	,			
•				

Description of Formations Encountered	From	То
red clay	0	15
white Clay	15	12
clay w/ sand Streaks	22	10
sand ograves	70	91
red clay	91	94
	_	
		

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

Sketch the property layout and include the foll	owing: 1) the well location; 2) any permanent structures on the property that may
Lest	ads, power lines, or other items that may aid in locating the property and the well;
W .	Molvin
	wild wood willing work in.
	Pool Joseph
	wild wood adrive 1950
	Ln. Killin
1 md	Pleasant Gr. Dr.
Landowner Name: Dan Breso	M

Signature of Water Well Contractor

STATE WELL REPORT Part 2

County: Lincoln Permit #: Driller: GRENN WATER WELL & SUPPLY LINCOL

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631

Date completed: 5/13/13	(601)961-5210 (601)354-6938 (fax)		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: Dan Becson		Latitude: 31 27 928 Longitude: 90 17 948			
Mailing Address: 1864 Killings worth Ln		Method of Lat/Long (circle one): Conventional Survey,			
Brookhaven MS 39601 City State Zip Code		USGS quad, Hand-held GPS, Survey-grade GPS			
			8 Twn 6 N Rng 9E		
ony state	Zip Code	Distance Direction	Nearest Town		
Telephone No. (601) 447-3767		5/2 Miles N of Ruth			
		<u> </u>			
Pump Type Circle one		Power Type Circle one			
Air Lift Jet	Submersible	Diesel Engine Gasolin	ne Engine Natural Gas		
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO		
Centrifugal Rotary	Flowing Well	}	(specify):		
Other (specify):		Horse Power Rating of Motor:			
Date Pump Installed: 5/13/13		Setting Depth:			
Rated Pump Capacity:	Gallons Per Minute	Number of Stages: 9			
Pump Test Data		Method of Me	asuring Water Level		
Date Well Tested:S /13 /13		C	ircle one		
Static Water Level (A): 36 Feet Below Land Surface		Air Line Electric Mea	suring Line Steel Tape		
Pumping Water Level (B): 40 Feet 1	Below Land Surface	Other (specify):			
	Below Land Surface	For flowing well, measured sh	aut in head:feet		
Test Pumping Rate: 13	Gallons Per Minute	Well yielded 13	GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):	4 hours	feet after_	hours 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 Signature of Pump Installer					
LITHE NAME OF LAMB TURNING AND PICEUSE V	io. (il applicable)	Signature of Pump In	staller HEUEIVE		

MAY **31** 2013

BY: OLWY