

# 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 #: N45  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Lincoln  
Permit #: \_\_\_\_\_  
Driller: GRENN WATER WELL & SUPPLY, INC.  
Date drilling completed: 8-15-13

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>Jason McDonald</u> Mailing Address: <u>2572 E. Lincoln Rd.</u> <u>Brookhaven, Ms. 39601</u> City State Zip Code Telephone No. <u>(601)669-0303</u>	Latitude: <u>31° 30.025'</u> Longitude: <u>90° 20.375'</u> Method of Lat/Long (circle one): Conventional Survey, <u>22</u> USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>SE 1/4 SW 1/4</u> Sec <u>7</u> Twn <u>6N</u> Rng <u>9E</u> NE Distance <u>7</u> Miles Direction <u>SE</u> of Nearest Town <u>Brookhaven</u>

Well Data
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____ Date well drilling started: <u>8-15-13</u> Date well drilling completed: <u>8-15-13</u> If flowing, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>50</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>8-15-13</u> Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____ Hole depth: <u>100</u> Well depth: <u>96</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Cement <u>Bentonite</u> Mix Casing length: <u>66</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u> Screen length: <u>30</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>66</u> feet to <u>96</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

Print Name of Water Well Contractor and License No.

Brian McCleendon  
Signature of Water Well Contractor

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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)

### For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: N45

Elevation: \_\_\_\_\_

County: Lincoln  
Permit #: \_\_\_\_\_  
Driller: GRENN WATER WELL & SUPPLY, INC  
Date completed: 8-16-13

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>JASON McDONALD</u>	Latitude: <u>31°30'025</u> Longitude: <u>90°20'373</u>
Mailing Address: <u>2572 E. Lincoln Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Brookhaven MS 39601</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE 1/4 SW 1/4 Sec 7 Twn 6N Rng 9E</u>
Telephone No. <u>(601) 669-0303</u>	Distance Direction Nearest Town
	<u>7 Miles SE of Brookhaven</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): <u>V.F.D.</u>	Horse Power Rating of Motor: <u>1 1/2 hp.</u>
Date Pump Installed: <u>8-16-13</u>	Setting Depth: <u>90</u> feet
Rated Pump Capacity: <u>25</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-16-13</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>50</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>62</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>12</u> Feet Below Land Surface	Well yielded <u>25</u> GPM with a drawdown of
Test Pumping Rate: <u>25</u> Gallons Per Minute	<u>12</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 Kees  
Signature of Pump Installer

RECEIVED

BY: [Signature]