

# 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 #: P-75  
L. S. Elevation: 0117  
E-log #: \_\_\_\_\_

County: Lincoln  
Permit #: \_\_\_\_\_  
Driller: GRENN WATER WELL & SUPPLY, INC.  
Date drilling completed: 12/2/05

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>Wayne Frazier Frazier</u>	Latitude: <u>31.23.710</u> " Longitude: <u>90.35.536</u> <u>42</u> <u>32</u>
Mailing Address: <u>2883 Jackson Liberty Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Bogue Chitto MS 39629</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SE 1/4 SW 1/4</u> Sec. <u>15</u> Twn <u>5N</u> Rng <u>6E</u>
Telephone No. <u>(601) 248-9264</u>	Distance Direction Nearest Town <u>6</u> Miles <u>SW</u> of <u>West Lincoln</u>

Well Data

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

Date well drilling started: 12/2/05 Date well drilling completed: 12/2/05

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

Static Water Level: 46 feet above or below (circle one) land surface Date measured: 12/2/05

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

Hole depth: ~~111~~ Well depth: 137 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 97 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .010 inches Setting depth: From ~~97~~ feet to 137 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

Brian McClendon  
Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

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If well telescopes please sketch below and show depths.

R.

Ground Level

Description of Formations Encountered	From	To
red clay	0	15
sand & gravel	15	92
WC	92	96
sand	96	107
white clay	107	111

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.

Landowner Name: Wayne Frazier

Brian McClendon, lic. no. 0-664  
GRENN WATER WELL & SUPPLY, INC.

Brian McClendon  
Signature of Water Well Contractor

# 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: 12/4/05

**For Office Use Only:**

Aquifer: 0117  
Well #: P-97  
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>Wayne Frazier</u>	Latitude: <u>N31° 23' 710"</u> Longitude: <u>W90° 35' 536"</u>
Mailing Address: <u>2883 Jackson Liberty Rd</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input checked="" type="checkbox"/> <u>Hand-held GPS</u> , <input type="checkbox"/> Survey-grade GPS
<u>Boque Chitto MS 39629</u>	USGS quad, <u>SE 1/4 SW 1/4 Sec 15 Twn 5N Rng 6E</u>
City: _____ State: _____ Zip Code: _____	Distance: _____ Direction: _____ Nearest Town: _____
Telephone No. <u>(601) 248-9264</u>	<u>6</u> Miles <u>SW</u> of <u>West Lincoln</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket: <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
Centrifugal: <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>12/4/05</u>	Setting Depth: <u>76</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12/4/05</u>	Air Line <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>46</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>50</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>4</u> Feet Below Land Surface	Well yielded <u>14</u> GPM with a drawdown of
Test Pumping Rate: <u>14</u> Gallons Per Minute	<u>4</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.

GRENN WATER WELL & SUPPLY, INC.  
William Hardin, lic. no. 0-717P  
Print Name of Pump Installer and License No. (if applicable)

William Hardin  
Signature of Pump Installer

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