

Part 2 never received 4/13

# 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 #: Q-64  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: LINCOLN  
Permit #: \_\_\_\_\_  
Driller: GRENN WATER WELL & SUPPLY, INC.  
Date drilling completed: 5/29/06

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>Chris Elkins</u>	Latitude: <u>31.23.763"</u> Longitude: <u>90.26.472"</u>
Mailing Address: <u>955 Fox Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Boque Chitto Ms 39629</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NE 1/4</u> <u>SW 1/4</u> Sec. <u>18</u> Twn. <u>5N</u> Rng. <u>8E</u>
Telephone No. <u>(601) 757-0240</u>	Distance: <u>2</u> Miles Direction: <u>S</u> of Nearest Town: <u>Boque Chitto</u>

**Well Data**

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

Date well drilling started: 5/29/06 Date well drilling completed: 5/29/06

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

Static Water Level: 85 feet above or below (circle one) land surface Date measured: 5/29/06

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

Hole depth: 135 Well depth: 130 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 120 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 120 feet to 130 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): \_\_\_\_\_

RECEIVED  
JUL 05 2006  
BY: OLWR

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*

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

