<u> </u>	l .	n Keport	For Office Use Only:
County: Lincoln	Pa	rt 1	Aquifer: Q 70
County:	Mississippi Department	of Environmental Quality	Aquifer:
Permit #:	Office of Land an	d Water Resources	Well #:
Driller: GRENN WATER WELL &		ox 10631 S 39289-0631	L. S. Elevation:
SUPPLY, INC.		61-5210	E. S. Elevation.
Date drilling completed: 7/12/10	(601)354	-6938 (fax)	E-log #:
	<b>_</b>		
State Law requires that this rep	port be prepared by the c	iriller in detail and filed w	ith the Department within
30 days of completion of drillin Well Owner Inform	g of the well.	Wel	1 Location 486
			N
Owner Name Johny Syl	<u><?5</u></u>	E1-	• • • • • • • • • • • • • • • • • • • •
Mailing Address: 668 South	hern Oaks Dr	Method of Lat/Long (circle o	E
			d GPS) Survey-grade GPS
Flarence M	15 39073	VE 1/ W 1/4 Sec 44	121 Twn 5 N Rng 8 E
City Si	15 39073 tate Zip Code	A CALL S MA	. · · · · · · · · · · · · · · · · · · ·
*		Distance Direction	of Bogue Chitto
Telephone No. (601) 573 - 264	14	Miles	or coape Carro
	Well I	Data	
			Other:
Purpose of Well (circle one) Home	ndustrial Public Supply	Imigation rish Culture	
Date well drilling started: 7/12	/10 Date v	well drilling completed: 7/1	12/10
If flowing, method of flow regulation: \	Valve Other (d	lescribe)	
Static Water Level: 38 feet	above or below circle one)	land surface Date measured	: 7/12/10
Method of Measurement (circle one)		air line other:	<del></del>
Hole depth: 105 Well	depth: <u>98</u>	Well grouted to a depth of	feet
Type of grout (circle one): Cement			
Casing length: 88 feet Casing length:	asing diameter:	inches Type of casing:	PVC
Screen length: 10 feet S	creen diameter:U	inches Type of screen:	PVC
Screen slot size: , 0 0 inche	es Setting depth: From		98 feet
Type of completion (circle all applicable	le): Gravel packed Unde	rreamed Telescoped Op	en hole Natural Development
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	grun Electric Gamma Ra	y Density Sonic Neutron	Other:
Name of organization running log(s):			
Name of organization running log(s):  1 certify that the well was drilled, cor	istructed, and completed in	accordance with all applical	ale requirements of the Mississippi
Department of Environmental Quali	ty and/or the Mississippi D	epartment of Health regulati	ons and state laws.
GRENN WATER WELL & SUP		-	
WILLIAM L. HARDIN, LIC		Clas -	Hadin
TILLELIA DE MANDEN, DEC			1 a work
Print Name of Water Well Contractor	and License No.	Signature	of Water Well Contractor

Print Name of Water Well Contractor and License No.

Ground Level	

Reh Citarele Clay Send & Gravel (Caprie) 22 99	Description of Formations Encountered	From	To
Sand & Crowel (coarse) 22 99 White Clay 99 109	Reh Citarelle Clay	٥	2.2
4) hts Clay 99 109	Sind & George (Coarse)	22	99
	4) hite Clay	99	105
	470		
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			┪
		Tariar -	

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
	Sketch the property layout and include the following: 1) the well location, 2) any permanent discounter of the property and the well; 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.
	- Xang
	N 3Miss con L.
	Windmill divini
	d x nell
	Hussel
	Landowner Name: Johnny Sykes

GRENN WATER WELL & SUPPLY, INC. WILLIAM L. HARDIN, LIC. NO. 0-802

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

For Office Use Only:			
Aquifer: G70			
Well #:			
Elevation:			

County: Lincoln Permit #:

Driller: SUPPLY INC. /10	(601)	MS 39289-0631 Well #: )961-5210 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 Informat		Well Location		
Owner Name: Johnny Sykes	·	Latitude: 31 22 438 "N Longitude: 90 24 4	156"W	
Mailing Address: 668 Southe	ern Oaks Dr	Method of Lat/Long (circle one): Conventional Survey,		
	<del></del>	USGS quad, Hand-held GPS, Survey-grade GPS		
Florence M. City State	39073	NE 1/2 2W 1/4 Sec 21 Twn 5N Rng	<u>8E</u>	
City State	Zip Couc	Distance Direction Nearest Town		
Telephone No. ( <u>GC1) 573 - 2642</u>		4 Miles SE of Boque Chith	<u>)</u>	
Pump Type		Power Type		
Circle one		Circle one		
Air Lift Jet	Submersible	Diesel Engine Gasoline Engine Nat	tural Gas	
Bucket Piston	Turbine	Electric Motor Hand Trac	ctor PTO	
Centrifugal Rotary	Flowing Well	Windmill Other (specify):		
Other (specify):	·	Horse Power Rating of Motor:		
Date Pump Installed: 7/12/10		Setting Depth: 70 feet		
Rated Pump Capacity:	Gallons Per Minute	Number of Stages:		
Pump Test Data		Method of Measuring Water Level	<del></del>	
Date Well Tested: 7/12/10		Circle one		
Static Water Level (A): 38 Feet Below Land Surface		Air Line Electric Measuring Line Stee	i Tape	
Pumping Water Level (B): 44 Feet Below Land Surface		Other (specify):	<del></del>	
Drawdown [(B) – (A)]: Feet Below Land Surface		For flowing well, measured shut in head:	feet	
Test Pumping Rate: Gallons Per Minute		Well yielded 14 GPM with a drawdo	wn of	
Duration of Pump Test (minimum 4 hours):4 hours		feet after 4 hours of	pumping	

I HEREBY CERTIFY that the above statements are true to the best of	of my knowledge.	
GRENN WATER WELL & SUPPLY, INC.		
WILLIAM L. HARDIN, LIC. NO. 0-802	Char Hardy	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	1 1 6
	***************************************	Poster Change of the Control of the

