

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 #: B240
L. S. Elevation: _____
E-log #: _____

County: Pike
Permit #: _____
Driller: GRENN WATER WELL & SUPPLY, INC.
Date drilling completed: 9-19-12

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>Bobby McKennis</u>	Latitude: <u>31° 19.980'</u> Longitude: <u>90° 24.453'</u>
Mailing Address: <u>1163 Summit-Holmesville Rd</u> <u>McComb MS 39648</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, <u>58</u> USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>27</u>
Telephone No. <u>(601) 248-4390</u>	<u>SW</u> <u>NE</u> <u>NW</u> <u>SE</u> Sec <u>9</u> Twn <u>4N</u> Rng <u>8E</u> Distance Direction Nearest Town <u>3</u> Miles <u>SW</u> of <u>Johnsons Station</u>

Well Data

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

Date well drilling started: 9-19-12 Date well drilling completed: 9-19-12

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

Static Water Level: 66 feet above or below (circle one) land surface Date measured: 9-19-12

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

Hole depth: 120 Well depth: 115 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 105 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 10/10 inches Setting depth: From 105 feet to 115 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 D. McCLENDON, UNR-00000664

Brian McCleendon
Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

RECEIVED
OCT 05 2012
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 #: B240

Elevation: _____

County: Pike

Permit #: _____

Driller: GRENN WATER WELL & SUPPLY, INC.

Date completed: 9-20-12

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

Owner Name: Bobby McKennis

Mailing Address: 1163 Summit-
Holmesville Rd
McComb MS 39648
City State Zip Code

Telephone No. (601) 248-4390

Well Location

Latitude: 31° 19.980' Longitude: 90° 24.453'

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS, Survey-grade GPS

SW NE W W 1/4 Sec 9 Twn 4N Rng 8E

Distance Direction Nearest Town

3 Miles SW of Johnsons Station

Pump Type

Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): Solar Powered

Date Pump Installed: 9-20-12
Rated Pump Capacity: 1/2 Gallons Per Minute

Power Type

Circle one

Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
Windmill Other (specify): Solar D.C.
Horse Power Rating of Motor: 1/4

Setting Depth: 76 feet
Number of Stages: 3

Pump Test Data

Date Well Tested: 9-20-12
Static Water Level (A): 66 Feet Below Land Surface
Pumping Water Level (B): 66 Feet Below Land Surface
Drawdown [(B) - (A)]: 0 Feet Below Land Surface
Test Pumping Rate: 2 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level

Circle one

Air Line Electric Measuring Line Steel Tape
Other (specify): _____
For flowing well, measured shut in head: _____ feet
Well yielded 2 GPM with a drawdown of
0 feet after 4 hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

BRIAN D. McCLENDON, UNR-00000664

Print Name of Pump Installer and License No. (if applicable)

Brian McCleendon
Signature of Pump Installer

RECEIVED

OCT 05 2012

BY: OLWR