

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 #: D-90
L. S. Elevation: _____
E-log #: _____

County: Amite
Permit #: _____
Driller: GREEN WATER WELL & SUPPLY, INC.
Date drilling completed: 5/24/07

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>Ronnie Stegall</u>	Latitude: <u>31° 16' 677"</u> Longitude: <u>90° 40' 876"</u>
Mailing Address: <u>1316 Prichard Dr</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Bozou Chitto MS 39629</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 27 Twn 4N Rng 5E</u>
Telephone No. <u>(601) 823-3337</u>	Distance Direction Nearest Town
	<u>4 Miles 3 of Prichard</u>

Well Data

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

Date well drilling started: 5/24/07 Date well drilling completed: 5/24/07

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

Static Water Level: 85 feet above or below (circle one) land surface Date measured: 5/24/07

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): _____

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.

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

Print Name of Water Well Contractor and License No. 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)

For Office Use Only:

Aquifer: _____

Well #: D-90

Elevation: _____

County: Anne

Permit #: _____

Driller: GREENN WATER WELL & SUPPLY, INC.

Date completed: 5/24/67

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 Name: Bonnie Stegall

Mailing Address: 1316 Pricedale Dr

City: Boquet State: MS Zip Code: 39629

Telephone No. (601) 873-3337

Well Location

Latitude: 31° 16' 47" Longitude: 90° 40' 57"

Method of Lat/Long (circle one): Hand-held GPS, Survey-grade GPS Conventional Survey

USGS quad: _____

Distance: 4 Miles Direction: _____ Nearest Town: _____

Distance: 5 of Southdale

Pump Type

Circle one

Submersible Air Lift Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____

Power Type

Circle one

Diesel Engine Gasoline Engine Natural Gas Tractor PTO Electric Motor Hand Windmill Other (specify): _____

Horse Power Rating of Motor: _____

Setting Depth: 125 feet

Number of Stages: 10

Pump Test Data

Date Well Tested: 5/24/67

Static Water Level (A): 85 Feet Below Land Surface

Pumping Water Level (B): 92 Feet Below Land Surface

Drawdown (B) - (A): 7 Feet Below Land Surface

Test Pumping Rate: 17 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 _____ GPM with a drawdown of _____ feet

_____ feet after _____ hours of pumping

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

GREENN WATER WELL & SUPPLY, INC.
 William Hardin, Inc. no. 0-717P

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

Signature of Pump Installer: William Hardin