

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)

County: Amite
Permit #: _____
Driller: GREENN WATER WELL & SUPPLY, INC.
Date drilling completed: 2-10-12

For Office Use Only:
Aquifer: _____
Well #: E134
L. S. Elevation: _____
E-log #: _____

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>Tom Hewitt</u>	Latitude: <u>31° 16' 24.0"</u> Longitude: <u>90° 36' 00.0"</u>
Mailing Address: <u>7211 Bth Hwy 570</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Summit MS 39666</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 28 Twn 4N Rng 6E</u>
Telephone No. <u>(601) 730-0307</u>	Distance Direction Nearest Town <u>2 Miles SE of Mars Hill</u>

Well Data

Purpose of Well (circle one): ~~Drinking~~ Industrial Public Supply Irrigation Fish Culture Other: Poultry

Date well drilling started: 2-10-12 Date well drilling completed: 2-10-12

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 2-10-12

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

Hole depth: 111 Well depth: 108 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 88 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 88 feet to 108 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.

GREENN WATER WELL & SUPPLY, INC.
BRIAN D. McCLENDON, UNR-00000664

Print Name of Water Well Contractor and License No. _____ Signature of Water Well Contractor Brian McCleendon

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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:

Acquirer: _____
 Well #: E134
 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.

County: Amite
 Permit #: _____
 Driller: GREENN WATER WELL & SUPPLY, INC.
 Date completed: 2/20/12

Well Owner Information
 Owner Name: Tom Hewitt
 Mailing Address: 7211 B Hwy 570
 City: Summit MS Zip Code: 39666
 State: _____ Telephone No. (601) 730-0307

Well Location
 Latitude: 31° 16' 940" Longitude: 90° 36' 000"
 Method of Lat/Long (circle one): Hand-held GPS, Survey-grade GPS
 USGS quad, Hand-held GPS, Survey-grade GPS
 Distance: _____ Direction: NE Nearest Town: _____
 Distance: _____ Direction: SE of Mar's Hill

Pump Type
 Circle one
 Air Lift _____ Jet _____ Submersible _____
 Bucket _____ Piston _____ Turbine _____
 Centrifugal _____ Rotary _____ Flowing Well _____
 Other (specify): _____
 Date Pump Installed: 2/20/12
 Rated Pump Capacity: _____ Gallons Per Minute

Power Type
 Circle one
 Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
 Hand _____ Tractor PTO _____
 Windmill _____ Other (specify): _____
 Horse Power Rating of Motor: _____
 Setting Depth: _____ feet
 Number of Stages: _____

Pump Test Data
 Date Well Tested: 2/20/12
 Static Water Level (A): _____ Feet Below Land Surface
 Pumping Water Level (B): 88 Feet Below Land Surface
 Drawdown [(B) - (A)]: _____ Feet Below Land Surface
 Test Pumping Rate: _____ Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): _____ 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 after _____ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
 WILLIAM I. HARDIN, V, UNR-0000802
 Signature of Pump Installer: William Hardin
 Print Name of Pump Installer and License No. (if applicable)

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MAR 07 2012

BY: OLWR