

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 #: H-66
L. S. Elevation: _____
B-log #: _____

County: Amite
Permit #: _____
Driller: GRENN WATER WELL & SUPPLY, INC
Date drilling completed: 11/29/06

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>Woody Rollins III</u>	Latitude: <u>31° 31' 52.3"</u> Longitude: <u>90° 49' 99.0"</u>
Mailing Address: <u>3136 Nub Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Gloster MS 39638</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>5 1/4 Sec 29 Twn 31 N Rng 4 E</u>
Telephone No. <u>(601) 472-0019</u>	Distance Direction Nearest Town
	<u>3 Miles NW of Liberty</u>

Well Data

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

Date well drilling started: 11/20/06 Date well drilling completed: 11/20/06

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

Static Water Level: 88 feet above of below (circle one) land surface Date measured: 11/20/06

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

Hole depth: 248 Well depth: 240 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 230 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 230 feet to 240 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 McClendon, lic. no. 0-664

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

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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)

County: Amite
 Permit #: _____
 Driller: GREENN WATER WELL & SUPPLY, INC.
 Date completed: 12-29-06

For Office Use Only:
 Aquifer: _____
 Well #: H-66
 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.

<p>Well Owner Information</p> <p>Owner Name: <u>Mandy Rollins III</u> Mailing Address: <u>3136 Nub Rd</u> <u>Gloster MS 39638</u> City State Zip Code Telephone No. (601) <u>472-2219</u></p>	<p>Well Location</p> <p>Latitude: <u>31°31'53"</u> Longitude: <u>90°49'99"</u> Method of Lat/Long (circle one): <u>Conventional Survey</u>, <u>Hand-held GPS</u>, <u>Survey-grade GPS</u> USGS quad, _____ <u>5W 1/4 SW 1/4 Sec 29 T2N 3W Rng 4E</u> Direction Nearest Town Distance _____ Miles NW of Liberty</p>
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<p>Pump Type Circle one Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible Buckets: _____ Piston _____ Turbine _____ Centrifugal _____ Rotary _____ Flowing Well _____ Other (specify): _____ Date Pump Installed: <u>11/21/06</u> Rated Pump Capacity: _____ Gallons Per Minute</p>	<p>Power Type Circle one Diesel Engine <input checked="" type="checkbox"/> Electric Motor Gasoline Engine _____ Hand _____ Tractor PTO _____ Natural Gas _____ Windmill _____ Other (specify): _____ Horse Power Rating of Motor: <u>3/4</u> Siting Depth: _____ feet Number of Stages: _____</p>
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<p>Pump Test Data</p> <p>Date Well Tested: <u>11/21/06</u> Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): <u>90</u> Feet Below Land Surface Drawdown (B) - (A): <u>2</u> Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours</p>	<p>Method of Measuring Water Level Circle one Air Line <input checked="" type="checkbox"/> 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</p>
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
 GREENN WATER WELL & SUPPLY, INC.
 William Hardin, Inc. no. 0-717F
 Signature of Pump Installer: William Hardin
 Print Name of Pump Installer and License No. (if applicable)

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