

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 #: P-76
L. S. Elevation: _____
B-log #: _____

County: Amite
Permit #: _____
Driller: GRENN WATER WELL & SUPPLY, INC.
Date drilling completed: 4/30/07

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>Mike Gallagher</u>	Latitude: <u>31° 6' 25"</u>	Longitude: <u>90° 34' 9"</u>	<u>948</u>
Mailing Address: <u>2597 Nixon Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
<u>Magnolia MS 39652</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 2N Rng 6E</u>		
Telephone No. <u>(601) 783-3417</u>	Distance <u>7</u> Miles	Direction <u>W</u>	Nearest Town <u>Magnolia</u>

Well Data

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

Date well drilling started: 4/30/07 Date well drilling completed: 4/30/07

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

Static Water Level: 51 feet above or below (circle one) land surface Date measured: 4/30/07

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 Bedstone 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: 10/10 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.

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

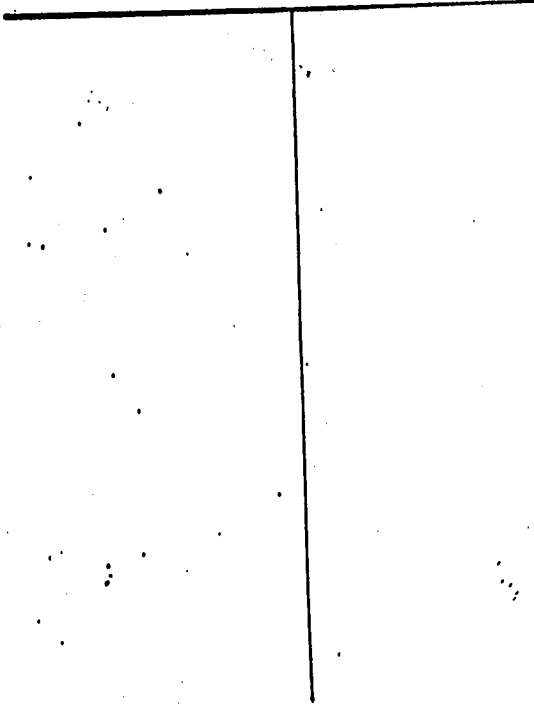
Print Name of Water Well Contractor and License No. _____

Signature of Water Well Contractor: Brian McClendon

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If well telescopes please sketch below and show depths.

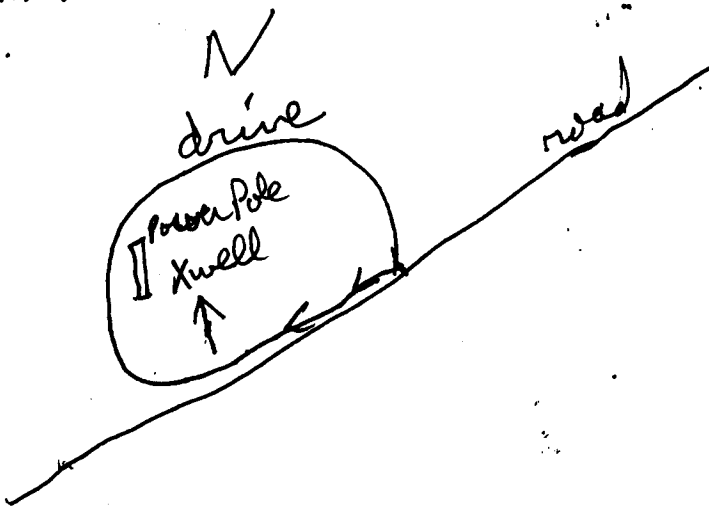
Ground Level



Description of Formations Encountered	From	To
red clay	0	50
sand & gravel	50	135

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 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.



Landowner Name: Mike Hallager

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

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 #: P-26

Elevation: _____

County: Ante

Permit #: _____

Drafter: GREENN WATER WELL & SUPPLY, INC.

Date completed: 4/30/07

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: Mike Callacher

Mailing Address: 597 Mixer Rd

City: Magnolia MS State: _____ Zip Code: 39652

Telephone No. (601) 783-3417

Well Location

Latitude: 31° 6' 25.9" Longitude: 90° 34' 44"

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

USGS quad Hand-held GPS Survey-grade GPS

SE $\frac{1}{4}$ Sec 27 Twn 2N Rng 6E

Distance _____ Direction _____ Nearest Town _____

Miles 7 of Magnolia

Pump Test Data

Date Well Tested: 4/30/07

Stade Water Level (A): 51 Feet Below Land Surface

Pumping Water Level (B): 58 Feet Below Land Surface

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

Test Pumping Rate: 13 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level

Air Line Electric Measuring Line

Other (specify): _____

For flowing well, measured shut in head: _____ feet

Well yielded _____ GPM with a drawdown of _____ feet

_____ feet after _____ hours of pumping

Pump Type

Circle one

Submersible

Jet

Piston

Turbine

Centrifugal

Bucket

Other (specify): _____

Date Pump Installed: 4/30/07

Rated Pump Capacity: _____ Gallons Per Minute

Power Type

Circle one

Electric Motor

Diesel Engine

Gasoline Engine

Natural Gas

Tractor PTO

Hand

Windmill

Other (specify): _____

Horse Power Rating of Motor: 1/2

Setting Depth: 80 feet

Number of Stages: 9

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

Signature of Pump Installer: William Hardin

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

Method of Measuring Water Level

Circle one

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

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