

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

County: Amite
Permit #: _____
Driller: GRENN WATER WELL & SUPPLY, INC.
Date drilling completed: 4/11/07

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>Dennis Wilson</u>	Latitude: <u>31° 0' 989"</u> Longitude: <u>91° 36' 820"</u>
Mailing Address: <u>7626 Hwy 584</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Oxyta</u> MS <u>39657</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>SW 1/4 S 1/4 Sec 28 Twn 11N Rng 6E</u>
Telephone No. <u>(601) 660-5085</u>	Distance Direction Nearest Town
	<u>2</u> Miles <u>E</u> of <u>Shiloh</u>

Well Data

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

Date well drilling started: 4/11/07 Date well drilling completed: 4/11/07

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

Static Water Level: 70 feet above of below (circle one) land surface Date measured: 4/11/07

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

Hole depth: 156 Well depth: 150 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 140 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 140 feet to 150 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. Brian McClendon
Signature of Water Well Contractor

RECEIVED
MAY 1 2007
BY: OLIVER

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 #: 11-90

Elevation: _____

County: Autauga

Permit #: _____

Drawer: GREENN WATER WELL & SUPPLY, INC.

Date completed: 4/13/07

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

<p>Well Location</p> <p>Latitude: <u>31° 0' 989"</u> Longitude: <u>91° 36' 830"</u></p> <p>Method of Lat/Long (circle one): <u>Conventional Survey</u></p> <p>USGS quad, <u>Hand-held GPS, Survey-grade GPS</u></p> <p><u>5 W 1/4 Sec 28 Twn 14 N Rng 6E</u></p> <p>Distance _____ Miles _____ of _____</p> <p>Direction _____</p> <p>Nearest Town _____</p>	<p>Well Owner Information</p> <p>Owner Name: <u>Dennis Wilson</u></p> <p>Mailing Address: <u>7626 Hwy 5821</u></p> <p>City <u>Jackson MS</u> Zip Code <u>39257</u></p> <p>State _____</p> <p>Telephone No. (601) <u>660-5085</u></p>
--	--

<p>Pump Type</p> <p>Circle one</p> <p><u>Submersible</u></p> <p>Air Lift</p> <p>Bucket</p> <p>Piston</p> <p>Turbine</p> <p>Centrifugal</p> <p>Rotary</p> <p>Flowing Well</p> <p>Other (specify): _____</p> <p>Date Pump Installed: <u>4/13/07</u></p> <p>Rated Pump Capacity: _____ Gallons Per Minute</p>	<p>Power Type</p> <p>Circle one</p> <p><u>Electric Motor</u></p> <p>Diesel Engine</p> <p>Gasoline Engine</p> <p>Natural Gas</p> <p>Tractor PTO</p> <p>Hand</p> <p>Windmill</p> <p>Other (specify): _____</p> <p>Horse Power Rating of Motor: <u>1/2</u></p> <p>Setting Depth: _____ feet</p> <p>Number of Stages: <u>9</u></p>
--	--

<p>Pump Test Data</p> <p>Date Well Tested: <u>4/13/07</u></p> <p>Stade Water Level (A): _____ Feet Below Land Surface</p> <p>Pumping Water Level (B): <u>74</u> Feet Below Land Surface</p> <p>Drawdown (B) - (A): <u>4</u> Feet Below Land Surface</p> <p>Test Pumping Rate: _____ Gallons Per Minute</p> <p>Duration of Pump Test (minimum 4 hours): _____ hours</p>	<p>Method of Measuring Water Level</p> <p>Circle one</p> <p><u>Electric Measuring Line</u></p> <p>Steel Tape</p> <p>Air Line</p> <p>Other (specify): _____</p> <p>For flowing well, measured shut in head: _____ feet</p> <p>Well yielded _____ GPM with a drawdown of _____ feet</p> <p>_____ feet after _____ hours of pumping</p>
--	--

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

RECEIVED
 MAY 11 2007
 BY: OLWB