

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: L 37
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Copiah
Permit #: _____
Driller: GRENN WATER WELL & SUPPLY, INC.
Date drilling completed: 8-11-11

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

Owner Name: Michael Keller
Mailing Address: 1007 Shiloh Run
Crystal Springs MS 39059
City State Zip Code
Telephone No. (601) 383-0057

Well Location

Latitude: 31° 55' 54" N Longitude: 90° 12' 37" W
Method of Lat/Long (circle one): Conventional Survey,
USGS quad (Hand-held GPS) Survey-grade GPS
SE 1/4 SE 1/4 Sec 19 Twp 1N Rng 1E
NW NW 16
Distance Direction Nearest Town
5 Miles NW of Georgetown

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 8-11-11 Date well drilling completed: 8-11-11
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 17 feet above of below (circle one) land surface Date measured: 8-11-11
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.

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

Brian McCleendon

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

Ground Level

| |
|--|
| |
|--|

| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| STIPPLED | 0 | 15 |
| blue clay | 15 | 117 |
| sand | 117 | 132 |
| blue clay | 132 | 135 |
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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.

A hand-drawn sketch of a property layout. At the top center is a north arrow labeled 'N'. To the left of the center is a square labeled 'house'. Below the house is a small 'x' labeled 'well'. A line labeled 'drive' connects the house to a diagonal line labeled 'road'.

Landowner Name: Michael Keller

Brian Mc Clelland 664
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 #: L37
 Elevation: _____

County: Copiah
 Permit #: _____
 Driller: GRENN WATER WELL & SUPPLY, INC.
 Date completed: 8-12-11

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 Location |
|---|--|
| Owner Name: <u>Michael Keller</u> | Latitude: <u>31° 55' 985"</u> Longitude: <u>90° 12' 634"</u> |
| Mailing Address: <u>1007 Shiloh Run</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Crystal Springs MS 39059</u> | USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| City State Zip Code | <u>SE 1/4 SE 1/4 Sec 8 Twn 1N Rng 1E</u> |
| Telephone No. <u>(601) 383-0057</u> | Distance <u>5</u> Miles <u>NW</u> of <u>Georgetown</u> |

| Pump Type Circle one | Power Type Circle one |
|---|---|
| Air Lift Jet <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>1/2</u> |
| Date Pump Installed: <u>8-12-11</u> | Setting Depth: <u>30</u> feet |
| Rated Pump Capacity: <u>10</u> Gallons Per Minute | Number of Stages: <u>9</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: <u>8-12-11</u> | Air Line <u>Electric Measuring Line</u> Steel Tape |
| Static Water Level (A): <u>17</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>16</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>1</u> Feet Below Land Surface | Well yielded <u>13</u> GPM with a drawdown of |
| Test Pumping Rate: <u>13</u> Gallons Per Minute | <u>1</u> feet after <u>4</u> hours of pumping |
| Duration of Pump Test (minimum 4 hours): <u>4</u> hours | |

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

MICHAEL W. KEES, RPO-00000801
 Print Name of Pump Installer and License No. (if applicable)

Michael Kees
 Signature of Pump Installer

RECEIVED

AUG 13 2011
 BY: [Signature]