

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: ~~L38~~
Well #: L38
L. S. Elevation: _____
E-log #: _____

County: Copiah
Permit #: _____
Driller: GRENN WATER WELL & SUPPLY, INC.
Date drilling completed: 6/9/11

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 | Well Location |
|------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Owner Name: <u>Johnnie Puckett</u> | Latitude: <u>32.14</u> 26 ³⁹ Longitude: <u>90.24</u> 75 ⁴⁷ |
| Mailing Address: <u>1137 Barker Ln</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Hazlehurst MS 39083</u> | USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | <u>NW/4</u> Sec <u>21</u> Twn <u>1N</u> Rng <u>2W</u> |
| Telephone No. <u>(601) 421-5057</u> | Distance: <u>0.5</u> Miles Direction: <u>W</u> of Nearest Town: <u>Gallman</u> |

| Well Data | |
|-----------------------------------------------------------------------------------------------------------------------|--|
| Purpose of Well (circle one): <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____ | |
| Date well drilling started: <u>6-9-11</u> Date well drilling completed: <u>6-9-11</u> | |
| If flowing, method of flow regulation: Valve _____ Other (describe) _____ | |
| Static Water Level: <u>81</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>6-9-11</u> | |
| Method of Measurement (circle one): <u>electric tape</u> steel tape air line other: _____ | |
| Hole depth: <u>135</u> Well depth: <u>130</u> Well grouted to a depth of <u>10</u> feet | |
| Type of grout (circle one): Cement <u>Bentonite</u> Mix | |
| Casing length: <u>120</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u> | |
| Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u> | |
| Screen slot size: <u>.010</u> inches Setting depth: From <u>120</u> feet to <u>130</u> feet | |
| Type of completion (circle all applicable): <u>Gravel packed</u> 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): <u>No log run</u> 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

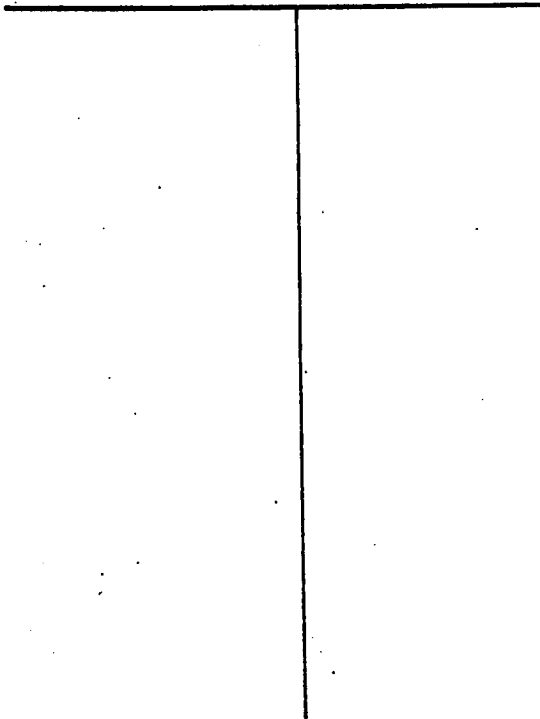
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JUL 08 2011
BY: OLWR

L38

If well telescopes please sketch below and show depths.

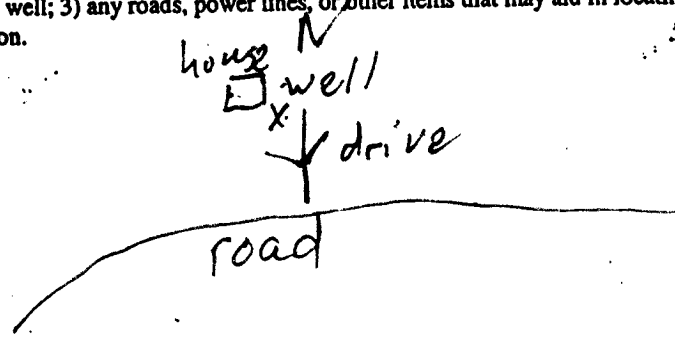
Ground Level



| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| red clay | 0 | 11 |
| clay gravel | 11 | 20 |
| sand / gravel | 20 | 48 |
| white clay | 48 | 54 |
| blue clay | 54 | 110 |
| sand | 110 | 130 |
| white clay | 130 | 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.



Landowner Name: Johnnie Puckett

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 #: L38
 Elevation: _____

County: Copiah
 Permit #: _____
 Driller: GRENN WATER WELL & SUPPLY, INC.
 Date completed: 6/19/11

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>Johanne Puckett</u> | Latitude: <u>32°14'66"</u> Longitude: <u>90°24'795"</u> |
| Mailing Address: <u>1137 Barker Ln</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Hazlehurst MS 39083</u> | USGS quad, <u>Hand-held GPS</u> Survey-grade GPS |
| City State Zip Code | <u>NW 1/4 NW 1/4 Sec 21 Twn 1N Rng 2W</u> |
| Telephone No. <u>(601) 421-5057</u> | Distance Direction Nearest Town |
| | <u>1/2</u> Miles <u>W</u> of <u>Gallman</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</u> |
| Date Pump Installed: <u>6/19/11</u> | Setting Depth: <u>120</u> feet |
| Rated Pump Capacity: _____ Gallons Per Minute | Number of Stages: <u>10</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|------------------------------------------------------------|-----------------------------------------------------|
| Date Well Tested: <u>6/19/11</u> | Air Line <u>Electric Measuring Line</u> Steel Tape |
| Static Water Level (A): <u>81</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>90</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>9</u> Feet Below Land Surface | Well yielded <u>19</u> GPM with a drawdown of |
| Test Pumping Rate: <u>19</u> Gallons Per Minute | <u>9</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)

William Hardin
 Signature of Pump Installer