

# 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 #: R 37

L. S. Elevation: \_\_\_\_\_

E-log #: \_\_\_\_\_

County: Copiah  
Permit #: \_\_\_\_\_  
Driller: GREENN WATER WELL & SUPPLY, INC.  
Date drilling completed: 12-16-11

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>Rou Millet</u>              | Latitude: <u>31° 47' 26"</u> Longitude: <u>90° 11' 46"</u>                |
| Mailing Address: <u>451 Percy Brown Rd</u> | Method of Lat/Long (circle one): <u>55</u> Conventional Survey, <u>10</u> |
| <u>Thibodaux LA 70301</u>                  | USGS quad: <u>Hand-held GPS</u> Survey-grade GPS                          |
| City State Zip Code                        | <u>SW 1/4 NE 1/4</u> Sec <u>34</u> Twn <u>10N</u> Rng <u>10E</u>          |
| Telephone No. <u>(985) 637-9954</u>        | Distance Direction Nearest Town   |
|  | <u>1.5 Miles W of Rockport</u>  |

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other hunting camp

Date well drilling started: 12-16-11 Date well drilling completed: 12-16-11

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

Static Water Level: 27 feet above or below (circle one) land surface Date measured: 12-16-11

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

Hole depth: 78 Well depth: 75 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 65 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 65 feet to 75 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.

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

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

RECEIVED  
JAN 17 2012  
BY: [Signature]

R37

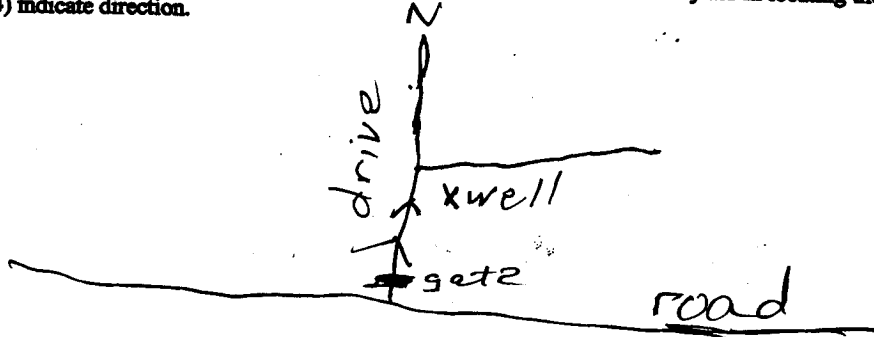
If well telescopes please sketch below and show depths.

Ground Level

| Description of Formations Encountered | From | To |
|---------------------------------------|------|----|
| red clay                              | 0    | 8  |
| sand w/ clay streaks                  | 8    | 65 |
| sand                                  | 65   | 75 |
| blue clay                             | 75   | 78 |
|                                       |      |    |
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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: Rou Millet

Brian McCloudon 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 #: R37

Elevation: \_\_\_\_\_

County: Copiah

Permit #: \_\_\_\_\_

Driller: GRENN WATER WELL & SUPPLY, INC.

Date completed: 12-17-11

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>Rou Millet</u>              | Latitude: <u>31° 47' 926"</u> Longitude: <u>90° 11' 166"</u> |
| Mailing Address: <u>451 Percy Brown Rd</u> | Method of Lat/Long (circle one): Conventional Survey,        |
| <u>Thibodaux LA 70301</u>                  | USGS quad <u>Hand-held GPS</u> Survey-grade GPS              |
| City State Zip Code                        | <u>SW 1/4 NE 1/4 Sec 34 Twn 10N Rng 10E</u>                  |
| Telephone No. <u>(985) 637-9954</u>        | Distance Direction Nearest Town                              |
|  | <u>1.5 Miles W of Rockport</u>                               |

| Pump Type<br>Circle one  | Power Type<br>Circle one  |
|--|---|
| Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/> | Diesel Engine Gasoline Engine Natural Gas   |
| Bucket Piston <input type="radio"/> Turbine <input type="radio"/>                      | <u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> |
| Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>            | Windmill Other (specify): _____   |
| Other (specify): _____   | Horse Power Rating of Motor: <u>1</u>   |
| Date Pump Installed: <u>12-17-11</u>   | Setting Depth: <u>65</u> feet   |
| Rated Pump Capacity: <u>16</u> Gallons Per Minute                                      | Number of Stages: <u>10</u>   |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one   |
|--|---|
| Date Well Tested: <u>12-17-11</u>                          | Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input checked="" type="radio"/> Steel Tape <input type="radio"/> |
| Static Water Level (A): <u>27</u> Feet Below Land Surface  | Other (specify): _____  |
| Pumping Water Level (B): <u>29</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet   |
| Drawdown [(B) - (A)]: <u>2</u> Feet Below Land Surface     | Well yielded <u>18.8</u> GPM with a drawdown of   |
| Test Pumping Rate: <u>18.8</u> Gallons Per Minute          | <u>2</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 W. Kees  
Signature of Pump Installer

RECEIVED  
JAN 17 2012  
BY: [Signature]