

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)

County: Copiah
Permit #: _____
Driller: GRENN WATER WELL & SUPPLY, INC.
Date drilling completed: 9/5/12

For Office Use Only:

Aquifer: _____
Well #: 517
L. S. Elevation: _____
E-log #: _____

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>Michael Carbon</u> | Latitude: <u>31° 42' 38.3"</u> Longitude: <u>90° 39' 89.0"</u> |
| Mailing Address: <u>6052 Doubletree Dr</u> | Method of Lat/Long (circle one): <u>23</u> Conventional Survey, <u>53</u> |
| <u>Baton Rouge LA 70817</u> | USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | <u>SE 1/4 SW 1/4</u> Sec <u>35</u> Twn <u>9N</u> Rng <u>5E</u> |
| Telephone No. <u>225 907-3822</u> | SW NW <u>36</u> Distance Direction Nearest Town <u>4</u> Miles <u>NW</u> of <u>Caserville</u> |

Well Data

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

Date well drilling started: 9/5/12 Date well drilling completed: 9/5/12

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

Static Water Level: 126 feet above or below (circle one) land surface Date measured: 9/5/12

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

Hole depth: 305 Well depth: 288 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 268 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 268 feet to 288 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

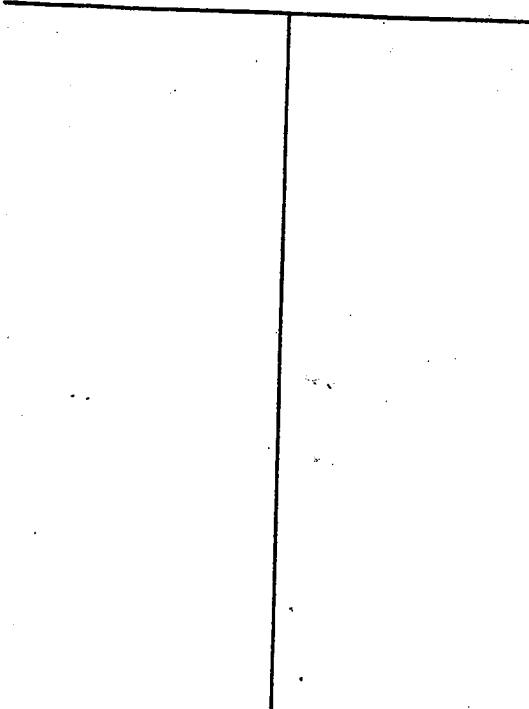
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OCT 05 2012

BY: OLWR

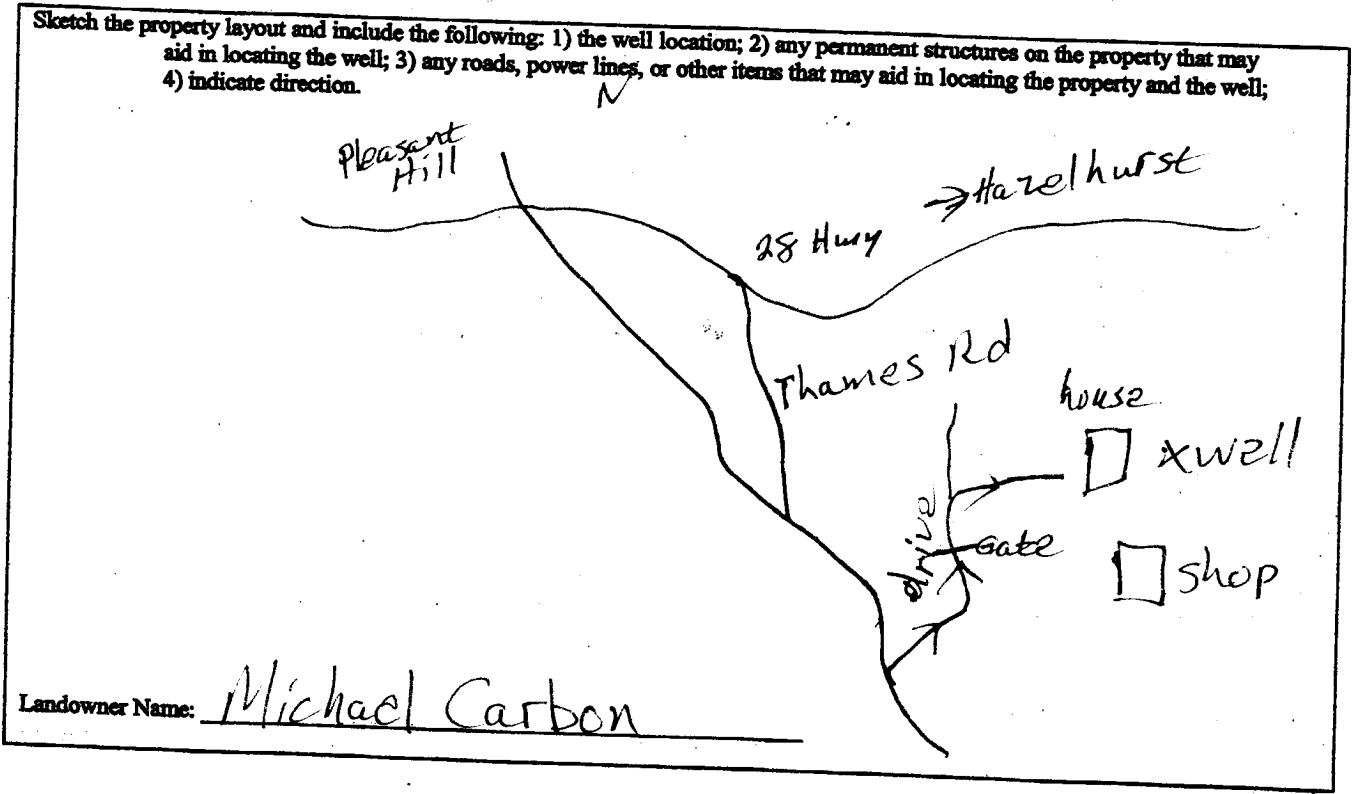
S17 If well telescopes please sketch below and show depths.

Ground Level



| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| red clay | 0 | 15 |
| streaky | 15 | 30 |
| gravel & sand | 30 | 70 |
| yellow clay | 70 | 89 |
| blue clay | 89 | 263 |
| sand | 263 | 288 |
| blue clay | 288 | 300 |
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If more than one screen, show location of each on sketch



Brian McClendon 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)

County: Copiah
 Permit #: _____
 Driller: GRENN WATER WELL & SUPPLY, INC.
 Date completed: 9-14-12

For Office Use Only:

Aquifer: _____
 Well #: 517
 Elevation: _____

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 Carbon</u> | Latitude: <u>31° 42.383</u> Longitude: <u>90° 39.890'</u> |
| Mailing Address: <u>6052 Doubletree Dr</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Baton Rouge LA 70817</u> | USGS quad, <u>Hand-held</u> GPS, Survey-grade GPS |
| City State Zip Code | <u>SE</u> ¼ <u>SW</u> ¼ Sec <u>35</u> Twn <u>9N</u> Rng <u>5E</u> |
| Telephone No. <u>(225) 907-3822</u> | <u>SW</u> Distance <u>NW</u> Direction <u>36</u> Nearest Town |
| | <u>4</u> Miles <u>NW</u> of <u>Caseyville</u> |

| Pump Type Circle one | Power Type Circle one |
|----------------------------------------------------------------------------------------|-------------------------------------------|
| Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/> | 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>3/4</u> |
| Date Pump Installed: <u>9-14-12</u> | Setting Depth: <u>150</u> feet |
| Rated Pump Capacity: <u>10</u> Gallons Per Minute | Number of Stages: <u>12</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Date Well Tested: <u>9-14-12</u> | Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input checked="" type="radio"/> Steel Tape |
| Static Water Level (A): <u>126</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>128</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>11</u> GPM with a drawdown of |
| Test Pumping Rate: <u>11</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 Kees
 Signature of Pump Installer

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