

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-20
L. S. Elevation: _____
E-log #: _____

County: Copiah
Permit #: _____
Driller: GREENN WATER WELL & SUPPLY, INC.
Date drilling completed: 5/25/07

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>Mary Adams</u> | Latitude: <u>31.43.24"</u> Longitude: <u>90.31.75"</u> |
| Mailing Address: <u>1123 South Shady Grove Rd</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Wesson</u> MS <u>39191</u> | USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| City State Zip Code | <u>NW 1/4 SW 1/4</u> Sec. <u>30</u> Twn <u>9N</u> Rng <u>7E</u> |
| Telephone No. <u>(601) 823-0476</u> | Distance Direction Nearest Town <u>9</u> Miles <u>W</u> of <u>Wilcox</u> |

Well Data

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

Date well drilling started: 5/25/07 Date well drilling completed: 5/25/07

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

Static Water Level: 54 feet above or below (circle one) land surface Date measured: 5/25/07

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

Hole depth: 110 Well depth: 105 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 85 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 85 feet to 105 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 McClendon, lic. no. 0-664
Print Name of Water Well Contractor and License No. Brian McClendon
Signature of Water Well Contractor

RECEIVED
JUN 11 2007
BY [Signature]

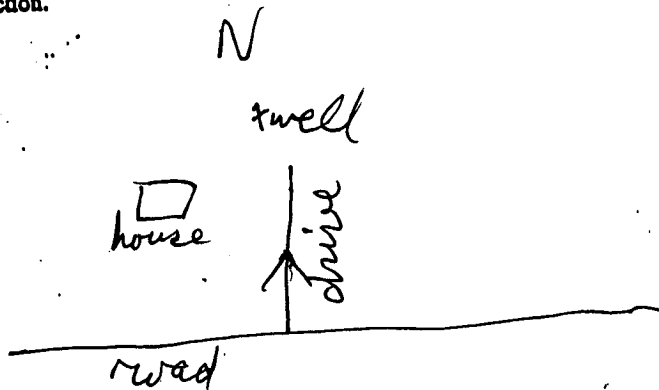
If well telescopes please sketch below and show depths.

Ground Level

| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| red clay | 0 | 10 |
| streamy | 10 | 40 |
| sand & gravel | 40 | 56 |
| white clay | 56 | 63 |
| mixed clay | 63 | 85 |
| sand | 85 | 105 |
| white clay | 105 | 112 |
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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: Mary Adams

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 #: <u>U-20</u> |
| Elevation: _____ | |

| |
|-----------------------------------------------------|
| County: <u>Copiah</u> |
| Permit #: _____ |
| Driller: <u>GRENN WATER WELL & SUPPLY, INC.</u> |
| Date completed: <u>5/25/07</u> |

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>Gary Adams</u> | Latitude: <u>31° 43' 21"</u> Longitude: <u>90° 31' 73"</u> |
| Mailing Address: <u>1123 South Shady Grove Rd</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Wesson MS 39191</u> | USGS quad: <u>(Hand-held GPS) Survey-grade GPS</u> |
| City State Zip Code | <u>NW 1/4 SW 1/4 Sec 30 Twn 9N Rng 7E</u> |
| Telephone No. <u>(601) 823-0476</u> | Distance Direction Nearest Town <u>9 Miles W of Wesson</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> <input checked="" type="radio"/> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>1</u> |
| Date Pump Installed: <u>5/25/07</u> | Setting Depth: <u>86</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 Circle one |
|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Date Well Tested: <u>5/25/07</u> | Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input checked="" type="radio"/> Steel Tape |
| Static Water Level (A): <u>54</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>57</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>3</u> Feet Below Land Surface | Well yielded <u>18</u> GPM with a drawdown of |
| Test Pumping Rate: <u>18</u> Gallons Per Minute | <u>3</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.

GRENN WATER WELL & SUPPLY, INC.
William Hardin, lic. no. 0-717P
Print Name of Pump Installer and License No. (if applicable)

William Hardin
Signature of Pump Installer