

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: D 29
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Franklin
Permit #: _____
Driller: GRENN WATER WELL & SUPPLY, INC.
Date drilling completed: 6/29/11

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>Milton Smith</u> | Latitude: <u>31° 33' 42.25"</u> Longitude: <u>90° 49' 59.5"</u> |
| Mailing Address: <u>5791 New Hope Rd</u> | Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS |
| <u>Meadville MS 39653</u> | USGS quad, <u>NW 1/4 SW 1/4 Sec 20 Twn 7N Rng 4E</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>(601) 669-6866</u> | <u>6</u> Miles <u>N</u> of <u>Blue</u> |

Well Data

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

Date well drilling started: 6-29-11 Date well drilling completed: 6-29-11

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

Static Water Level: 61 feet above or below (circle one) land surface Date measured: 6-29-11

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

Hole depth: 130 Well depth: 114 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 94 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 94 feet to 114 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 McClendon, lic. no. 0-664

Brian McClendon

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

RECEIVED
JUL 08 2011
BY: OLWR

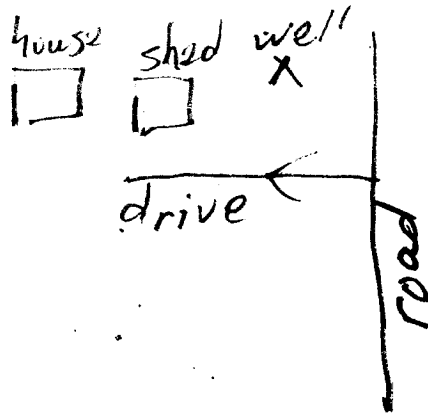
If well telescopes please sketch below and show depths.

Ground Level

| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| red clay | 0 | 15 |
| sand & gravel | 15 | 58 |
| 58-73 white clay | 58 | 73 |
| sand | 73 | 110 |
| white clay | 110 | 130 |
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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: Milton Smith

Brian McClendon
Signature of Water Well Contractor

Brian McClendon, lic. no. 0-664
GRENN WATER WELL & SUPPLY, INC.

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 #: _____
 Elevation: _____

County: Franklin
 Permit #: _____
 Driller: GRENN WATER WELL & SUPPLY, INC.
 Date completed: 6-30-11

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>Milton Smith</u> | Latitude: <u>31° 33' 43.1</u> Longitude: <u>90° 49' 09.5"</u> |
| Mailing Address: <u>5791 New Hope Rd</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad <u>Hand-held GPS</u> , Survey-grade GPS |
| <u>Meadville MS 39653</u> City State Zip Code | <u>NW ¼ SW ¼ Sec 20 Twn 7N Rng 4E</u> |
| Telephone No. <u>(601) 669-6866</u> | Distance Direction Nearest Town <u>6 Miles N of Bude</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 <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>3/4</u> |
| Date Pump Installed: <u>7-1-11</u> | Setting Depth: <u>91</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>7-1-11</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>61</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>70</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>70</u> Feet Below Land Surface | Well yielded <u>10</u> GPM with a drawdown of |
| Test Pumping Rate: <u>10</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)

Michael W. Kees
Signature of Pump Installer