

# 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: Franklin  
Permit #: \_\_\_\_\_  
Driller: GREENN WATER WELL & SUPPLY, INC.  
Date drilling completed: 5-25-12

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: D30  
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>Jody Wade</u>        | Latitude: <u>31° 31' 34.7"</u> Longitude: <u>90° 48' 28.7"</u>                 |
| Mailing Address: <u>P O BOX 650</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u>                    |
| <u>St Martinville, LA 70582</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>33</u> Twn <u>7N</u> Rng <u>4E</u>                 |
| Telephone No. <u>(337) 335-8841</u> | SE NW Distance <u>2</u> Miles Direction <u>NW</u> Nearest Town <u>Eddicson</u> |

Well Data

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

Date well drilling started: 5-25-12 Date well drilling completed: 5-25-12

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

Static Water Level: 129 feet above or below (circle one) land surface Date measured: 5-25-12

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

Hole depth: 255 Well depth: 250 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 240 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 240 feet to 250 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  
JUN 25 2012  
BY: OLWR



# 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: Franklin  
 Permit #: \_\_\_\_\_  
 Driller: GRENN WATER WELL & SUPPLY, INC.  
 Date completed: 5/29/12

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: D30  
 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>Jody Wade</u>         | Latitude: <u>31° 31' 8.47"</u> Longitude: <u>90° 48' 8.18"</u>               |
| Mailing Address: <u>P.O. Box 650</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u>                  |
| <u>St. Martinville, LA 70582</u>     | USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS                           |
| City State Zip Code                  | <u>SW</u> 1/4 <u>NE</u> 1/4 Sec <u>33</u> Twn <u>7N</u> Rng <u>4E</u>        |
| Telephone No. <u>(337) 335-8841</u>  | Distance <u>2</u> Miles <u>NW</u> Direction of <u>Edgewater</u> Nearest Town |

| Pump Type<br>Circle one                           | Power Type<br>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>5/29/12</u>               | Setting Depth: <u>160</u> feet                      |
| Rated Pump Capacity: <u>10</u> Gallons Per Minute | Number of Stages: <u>15</u>                         |

| Pump Test Data  | Method of Measuring Water Level<br>Circle one       |
|---|---|
| Date Well Tested: <u>5/29/12</u>                            | Air Line <u>Electric Measuring Line</u> Steel Tape  |
| Static Water Level (A): <u>129</u> Feet Below Land Surface  | Other (specify): _____                              |
| Pumping Water Level (B): <u>143</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>14</u> Feet Below Land Surface     | Well yielded <u>13</u> GPM with a drawdown of       |
| Test Pumping Rate: <u>13</u> Gallons Per Minute             | <u>14</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.  
 WILLIAM L. HARDIN, V, UNR-00000802  
 Print Name of Pump Installer and License No. (if applicable) William Hardin  
 Signature of Pump Installer

RECEIVED

JUN 25 2012

BY: OLWR