

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: 4-10-12

For Office Use Only:
Aquifer: _____
Well #: E 49
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>Larry Hill</u>	Latitude: <u>31° 35' 31.2"</u> Longitude: <u>90° 44' 26.0"</u>
Mailing Address: <u>40 Peoples Bank</u> <u>P.O. Box 70</u> <u>Bude MS 39630</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, ²² 15 USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <input checked="" type="checkbox"/>
Telephone No. <u>(601) 384-7063</u>	<u>SW 1/4 NE 1/4</u> Sec. <u>18</u> Twn <u>7N</u> Rng <u>5E</u> SE Distance <u>5</u> Miles Direction <u>N</u> of Nearest Town <u>Quentin</u>

Well Data

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

Date well drilling started: _____ Date well drilling completed: _____

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

Static Water Level: 79 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 428 Well depth: 385 Well grouted to a depth of 365 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 365 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20.3 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 365 feet to 385 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

Brian McCleendon
Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

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BY: OLWR

If well telescopes please sketch below and show depths.

Ground Level

Ground Level

Description of Formations Encountered	From	To
stream	0	15
gravel / sand	15	18
yellow clay	18	125
gray clay	125	340
blue clay	340	360
sand	360	385
gray clay w/ sand streaks	385	408

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: Larry Hill

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 #: E49

Elevation: _____

County: Franklin
 Permit #: _____
 Driller: GREENN WATER WELL & SUPPLY, INC.
 Date completed: 4-16-12

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>Larry Hill</u>	Latitude: <u>35° 35.372</u> Longitude: <u>90° 44.260</u>
Mailing Address: <u>1/6 Peoples Bank</u> <u>P O Box 70</u> <u>Bude MS 39636</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, ²² ₁₅
Telephone No. <u>(601) 384-7063</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
	<u>SW</u> 1/4 <u>NE</u> 1/4 Sec <u>18</u> Twn <u>7N</u> Rng <u>5E</u>
	<u>SE</u> Direction <u>7</u> Nearest Town
	<u>5</u> Miles <u>N</u> of <u>Quentin</u>

Pump Type Circle one	Power Type 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>5</u>
Date Pump Installed: _____	Setting Depth: <u>365</u> feet
Rated Pump Capacity: <u>40</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>79</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>300</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>221</u> Feet Below Land Surface	Well yielded <u>25</u> GPM with a drawdown of
Test Pumping Rate: <u>25</u> Gallons Per Minute	<u>221</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.
 BRIAN D. McCLENDON, UNR-00000664
 Print Name of Pump Installer and License No. (if applicable) Brian McCleendon
 Signature of Pump Installer

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MAY 08 2012

BY: OLWR