

Franklin

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: E 2X 50
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Lincoln
Permit #: _____
Driller: GRENN WATER WELL & SUPPLY, INC.
Date drilling completed: 7/7/11

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>Charles Chapman</u>	Latitude: <u>31° 33' 00"</u> Longitude: <u>90° 40' 22"</u>
Mailing Address: <u>1410 Lucien Rd NE</u>	Method of Lat/Long (circle one): Conventional Survey, <input checked="" type="checkbox"/> Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/>
<u>Brockhaven MS 39601</u>	USGS quad, <u>SW 1/4 NE 1/4 Sec 25 Twn 7N Rng 5E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 833-9234</u>	<u>1</u> Miles <u>N</u> of <u>Lucien</u>

Well Data

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

Date well drilling started: 7-7-11 Date well drilling completed: 7-7-11

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

Static Water Level: 95 feet above or below (circle one) land surface Date measured: 7-7-11

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

Hole depth: 155 Well depth: 150 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 130 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 130 feet to 150 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

AUG 05 2011
BY: OLWR

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Red clay	0	20
sandy gravel	20	155
Sand Rock	155	

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: Charles Chapman

Brian McCondon 664
Signature of Water Well Contractor

Franklin

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 #: E50

Elevation: _____

County: Franklin
Permit #: _____
Driller: GRENN WATER WELL & SUPPLY, INC.
Date completed: 7-8-11

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

Owner Name: CHARLES CHAPMAN
Mailing Address: 1410 Lucien Rd NE
Brookhaven MS 39601
City State Zip Code
Telephone No. (601) 833-9234

Well Location

Latitude: 31°33'007" Longitude: 90°40'323"
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, (Hand-held GPS) Survey-grade GPS
SW 1/4 NE 1/4 Sec 35 Twn 7N Rng 5E
NW Direction 26 Nearest Town
1 Miles N of LUCIEN

Pump Type

Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): _____
Date Pump Installed: 7-8-11
Rated Pump Capacity: 16 Gallons Per Minute

Power Type

Circle one

Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
Windmill Other (specify): _____
Horse Power Rating of Motor: 1
Setting Depth: 130 feet
Number of Stages: 10

Pump Test Data

Date Well Tested: 7-8-11
Static Water Level (A): 96 Feet Below Land Surface
Pumping Water Level (B): 90 Feet Below Land Surface
Drawdown [(B) - (A)]: 6 Feet Below Land Surface
Test Pumping Rate: 16 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level

Circle one

Air Line Electric Measuring Line Steel Tape
Other (specify): _____
For flowing well, measured shut in head: _____ feet
Well yielded 16 GPM with a drawdown of
6 feet after 4 hours of pumping

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

RECEIVED

AUG 05 2011

BY: OLWR