

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 #: P-99
L. S. Elevation:
E-log #:

County: Franklin
Permit #:
Driller: GRENN WATER WELL & SUPPLY, INC.
Date drilling completed: 9/24/07

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: Owner Name Mark Enlow, Mailing Address P.O. Box 1825, McComb, Ms. 39649, Telephone No. (601) 250-1005. Well Location: Latitude: 31.25.982, Longitude: 90.39.387, Method of Lat/Long: Conventional Survey, USGS quad: Hand-held GPS, Survey-grade GPS, SW 1/4 NE 1/4 Sec 1, Twn 5N, Rng 5E, Distance 5 Miles, Direction S, Nearest Town Lucien.

Well Data: Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Date well drilling started: 9/24/07 Date well drilling completed: 9/24/07. If flowing, method of flow regulation: Valve Other (describe): Static Water Level: 65 feet above or below (circle one) land surface Date measured: 9/24/07. 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: 140 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 140 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 McClendon, lic. no. 0-664 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor: Brian McClendon

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If well telescopes please sketch below and show depths.

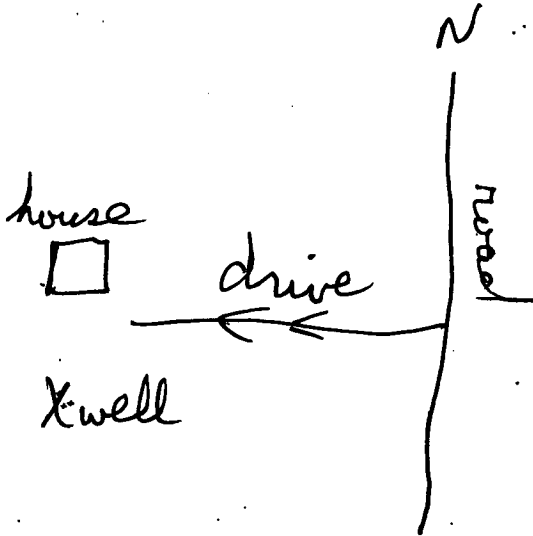
P-

Ground Level

Description of Formations Encountered	From	To
<i>miped clay</i>	<i>0</i>	<i>9</i>
<i>gravel</i>	<i>9</i>	<i>13</i>
<i>blue clay</i>	<i>13</i>	<i>80</i>
<i>streaky</i>	<i>80</i>	<i>110</i>
<i>sand</i>	<i>110</i>	<i>155</i>

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: Mark Enlow

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)

County: Monroe
 Permit #: _____
 Driller: GRENN WATER WELL & SUPPLY, INC.
 Date completed: 9/25/07

For Office Use Only:

Aquifer: _____
 Well #: P-99
 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>Mark Embow</u>	Latitude: <u>N31°25'982"</u> Longitude: <u>W90°39'387"</u>
Mailing Address: <u>P.O. Box 1825</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>McComb, Ms. 39649</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SW 1/4 NE 1/4 Sec 1 Twn 5N Rng 5E</u>
Telephone No. <u>(601) 250-1005</u>	Distance Direction Nearest Town
	<u>5 Miles S of Lucien</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <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>0.75</u>
Date Pump Installed: <u>9/25/07</u>	Setting Depth: <u>90</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>9/25/07</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>65</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>62</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>12</u> GPM with a drawdown of
Test Pumping Rate: <u>12</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

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