

Grenada

County: ~~Fall Church~~
 Permit #: CW 45290
 Driller: Youngs Custom Service
 Date drilling completed: 6/7/11

State Well Report
 Part I - Driller's Log
 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: MS River Alluvia 1
 Well #: E45
 L. S. Elevation: _____
 B-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>JW Fennell</u>	Latitude: <u>33° 48' 15"</u> Longitude: <u>90° 07' 21"</u>
Mailing Address: <u>46 Front Street</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Phillip</u> MS <u>38950</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>SW 1/4 NW 1/4</u> Sec <u>06</u> Twn <u>22N</u> Rng <u>02E</u>
Telephone No. () _____	Distance <u>6</u> Miles Direction <u>E</u> of Nearest Town <u>Phillip</u>

Well / Borehole Data

Date drilling started: 6/7/11 Date drilling completed: 6/7/11 Hole depth: 118 Hole diameter: 28"

Location of the source of any surface water used for drilling: Local Ditch

Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____

Seismic Survey _____ Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

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

If a flowing well, method of flow regulation: Valve N/A Other (describe) _____

Static Water Level: 20 feet above or below (circle one) land surface Date measured: _____

Method of Measurement (circle one) steel tape electric tape air line other: 6/9/11

Well depth: 118 Well grouted to a depth of 118 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 78 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 0.50 inches Setting depth: Front 0 feet to 118 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: N/A feet. *If telescoped or more than one screen, describe on next page*

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: Ms River Alluvial
Well #: EAS
Elevation: _____

County: Tallahatchie
Permit #: GW 45290
Driller: Will Young
Date completed: 6-7-11

Copy information from block on Part 1

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>JW Fennell</u>	Latitude: <u>33-48-18</u> Longitude: <u>90-07-31</u>
Mailing Address: <u>46 Front Street</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> <u>54</u>
<u>Phillip</u> <u>Ms</u> <u>38950</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 NW 1/4 Sec 06 T 22N R 02E</u>
Telephone No. (____) _____	Distance Direction Nearest Town
	<u>6</u> Miles <u>E</u> of <u>Phillip</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60 hp</u>
Date Pump Installed: <u>6-15-11</u>	Setting Depth: <u>60'</u> feet
Rated Pump Capacity: <u>3500</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-15-11</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>20</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>35</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>15</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>3500</u> Gallons Per Minute	
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.

Will Young
Print Name of Pump Installer and License No. (if applicable)

Will Young
Signature of Pump Installer

RECEIVED

Form: OLWR-SWR-1B 5 2011

BY: OLWR