

State Well Report

Part I

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: JEFFERSON
Permit #: _____
Driller: GRENN WATER WELL & SUPPLY, INC.
Date drilling completed: 3-8-11

For Office Use Only:
Aquifer: D 26
Well #: _____
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>Clyde Pregeant</u>	Latitude: <u>31 47 13</u> Longitude: <u>91 02 59</u>
Mailing Address: <u>P O Box 1073</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>CUTOFF LA</u> <u>70345</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 67 Twn 10N Rng 2E</u>
Telephone No. <u>(985) 696 2468</u>	Distance Direction Nearest Town <u>6</u> Miles <u>N</u> of <u>Fayette</u>

Well Data

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

Date well drilling started: 3-4-11 Date well drilling completed: 3-8-11

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

Static Water Level: 138 feet above or below (circle one) land surface Date measured: 3-8-11

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

Hole depth: 325 Well depth: 315 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 295 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 295 feet to 315 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

Brian McClendon
Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

RECORDED
MAR 11 2011
BY [signature]

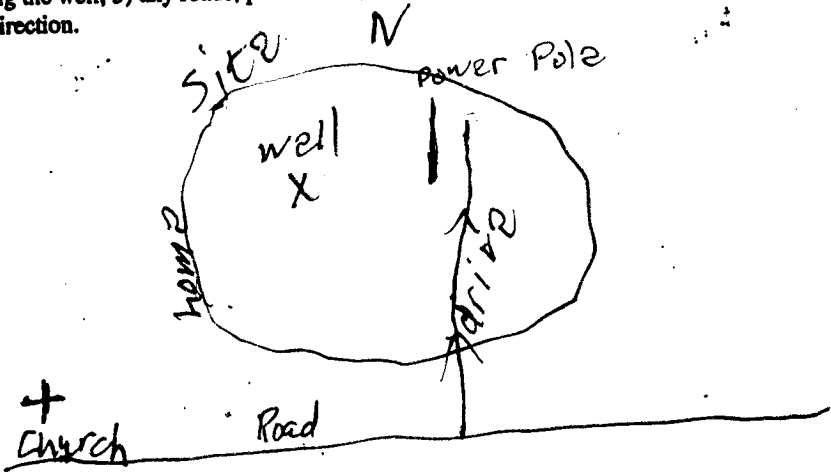
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
loess	0	17
white clay	17	48
blue clay	48	240
streaky	240	285
sand	280	315
streaky	315	325

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: Clyde Pregeant

Brian McClendon
Signature of Water Well Contractor

Brian McClendon, lic. no. 0-664
GREENN WATER WELL & SUPPLY, INC.

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 #: _____	
Elevation: _____	

County: <u>Jefferson</u>
Permit #: _____
Driller: <u>GRENN WATER WELL & SUPPLY, INC</u>
Date completed: <u>3/9/11</u>

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

<p style="text-align: center;">Well Owner Information</p> <p>Owner Name: <u>Clyde Plegant</u></p> <p>Mailing Address: <u>P O Box 1073</u></p> <p style="text-align: center;"><u>Cut Off LA 70345</u> <small>City State Zip Code</small></p> <p>Telephone No. <u>(85) 696 2468</u></p>	<p style="text-align: center;">Well Location</p> <p>Latitude: <u>31°47'12.6"</u> Longitude: <u>91°44'50"</u></p> <p>Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS</p> <p><u>SE ¼ SE ¼ Sec 67 Twn 10N Rng 2E</u></p> <p>Distance Direction Nearest Town <u>6 Miles N of Fayette</u></p>
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<p style="text-align: center;">Pump Type Circle one</p> <p>Air Lift Jet <u>Submersible</u></p> <p>Bucket Piston Turbine</p> <p>Centrifugal Rotary Flowing Well</p> <p>Other (specify): _____</p> <p>Date Pump Installed: <u>3/9/11</u></p> <p>Rated Pump Capacity: <u>25</u> Gallons Per Minute</p>	<p style="text-align: center;">Power Type Circle one</p> <p>Diesel Engine Gasoline Engine Natural Gas</p> <p><u>Electric Motor</u> Hand Tractor PTO</p> <p>Windmill Other (specify): _____</p> <p>Horse Power Rating of Motor: <u>3</u></p> <p>Setting Depth: <u>190</u> feet</p> <p>Number of Stages: <u>15</u></p>
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<p style="text-align: center;">Pump Test Data</p> <p>Date Well Tested: <u>3/9/11</u></p> <p>Static Water Level (A): <u>138</u> Feet Below Land Surface</p> <p>Pumping Water Level (B): <u>152</u> Feet Below Land Surface</p> <p>Drawdown [(B) - (A)]: <u>14</u> Feet Below Land Surface</p> <p>Test Pumping Rate: <u>30</u> Gallons Per Minute</p> <p>Duration of Pump Test (minimum 4 hours): <u>4</u> hours</p>	<p style="text-align: center;">Method of Measuring Water Level Circle one</p> <p>Air Line <u>Electric Measuring Line</u> Steel Tape</p> <p>Other (specify): _____</p> <p>For flowing well, measured shut in head: _____ feet</p> <p>Well yielded <u>30</u> GPM with a drawdown of <u>14</u> feet after <u>4</u> hours of pumping</p>
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

GRENN WATER WELL & SUPPLY, INC.
WILLIAM L. HARDIN, LIC. NO. 0-802
 Print Name of Pump Installer and License No. (if applicable)

Chy Hardin
 Signature of Pump Installer

RECEIVED
 MAR 9 2011
 BY: [Signature]