

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: Jefferson
Permit #: _____
Driller: GRENN WATER WELL & SUPPLY, INC.
Date drilling completed: 11/2/11

For Office Use Only:

Aquifer: _____
Well #: D27
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>Carroll Trahan</u>	Latitude: <u>31° 47' 48"</u> Longitude: <u>90° 0' 45"</u>
Mailing Address: <u>4539 Stonington</u>	Method of Lat/Long (circle one): <u>48</u> Conventional Survey, <u>13</u>
<u>Lorman MS 39096</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>S1/4 NW/4 Sec 64 Twn 10N Rng 2E</u>
Telephone No. <u>985 855-2205</u>	Distance Direction Nearest Town <u>1</u> Miles <u>W</u> of <u>Redlick</u>

Well Data

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

Date well drilling started: 11-2-11 Date well drilling completed: 11-2-11

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

Static Water Level: 196 feet above or below (circle one) land surface Date measured: 11-2-11

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

Hole depth: 269 Well depth: 260 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 240 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 240 feet to 260 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

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NOV 14 2011

BY: OLWR

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: JEFFERSON
 Permit #: _____
 Driller: GRENN WATER WELL & SUPPLY, INC.
 Date completed: 11-16-11

For Office Use Only:

Aquifer: _____
 Well #: D27
 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>Carroll Trehan</u>	Latitude: <u>31° 47' .903"</u> Longitude: <u>90° 0' .47"</u>
Mailing Address: <u>4539 Stonington</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Lorman MS 39096</u> City State Zip Code	<u>SW 1/4 NW 1/4 Sec 64 Twn 10 N Rng 2 E</u>
Telephone No. <u>(985) 855-2205</u>	Distance Direction Nearest Town <u>1 Miles W of Redlick</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>3hp</u>
Date Pump Installed: <u>11-16-11</u>	Setting Depth: <u>250</u> feet
Rated Pump Capacity: <u>16</u> Gallons Per Minute	Number of Stages: <u>24</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-16-11</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>196</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>227</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>31</u> Feet Below Land Surface	Well yielded <u>19</u> GPM with a drawdown of <u>31</u> feet after <u>4</u> hours of pumping
Test Pumping Rate: <u>19</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.

MICHAEL W. KEES, RPO-00000801
 Print Name of Pump Installer and License No. (if applicable)

Michael Kees
 Signature of Pump Installer

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