

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 #: B-102
L. S. Elevation: _____
E-log #: _____

County: Lincoln
Permit #: _____
Driller: GRENN WATER WELL & SUPPLY, INC.
Date drilling completed: 8/8/05

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>Emile Gennaro</u>	Latitude: <u>31.41.67</u> Longitude: <u>90.34.48</u>
Mailing Address: <u>3760 Gennaro Ln NW</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Wesson MS 39191</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NE 1/4 NW 1/4 Sec 2 Twn 8N Rng 6E</u>
Telephone No. <u>(601) 835-0248</u>	Distance Direction Nearest Town
	<u>5 Miles NW of Loyd Star</u>

Well Data

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

Date well drilling started: 8/8/05 Date well drilling completed: 8/8/05

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

Static Water Level: 100 feet above or below (circle one) land surface Date measured: 8/8/05

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

Hole depth: 217 Well depth: 210 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 190 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 10/10 inches Setting depth: From 190 feet to 210 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.

Brian McClendon

Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

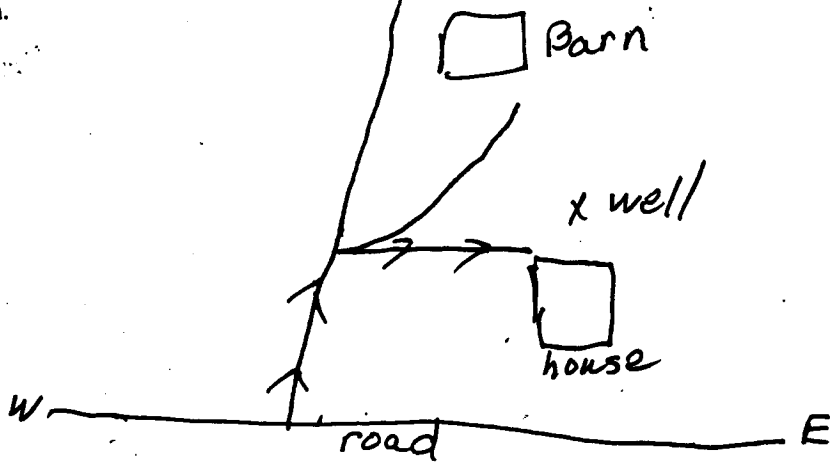
Ground Level

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Description of Formations Encountered	From	To
red clay	0	40
streaky	40	60
sand & gravel	60	86
streaky	86	106
white clay	106	120
sand / clay streaks	120	210
yellow clay	210	217

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: Emile Gennaro

Brian McClendon
Signature of Water Well Contractor

Brian McClendon, lic. no. 0-664
GRENN 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 #: B102
 Elevation: _____

County: LINCOLN
 Permit #: _____
 Driller: Emile Gennaro
 Date completed: 8-10-05

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>Emile Gennaro</u>	Latitude: <u>31-41-679</u> Longitude: <u>90-34-454</u>
Mailing Address: <u>3760 Gennaro LN NW</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Wesson, Ms. 39191</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NE 1/4 NW 1/4 Sec 2 Twn 8N Rng 6E</u>
Telephone No. <u>(601) 835-0248</u>	Distance Direction Nearest Town
	<u>5</u> Miles <u>NW</u> of <u>Loyd Star</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2 HP</u>
Date Pump Installed: <u>8-10-05</u>	Setting Depth: <u>150</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>7</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-21-05</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>100</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>100</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>10</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>5</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Emile Gennaro owner
 Print Name of Pump Installer and License No. (if applicable)

Emile Gennaro
 Signature of Pump Installer