

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 #: E-18
L. S. Elevation: _____
E-log #: _____

County: Lincoln
Permit #: _____
Driller: GRENN WATER WELL & SUPPLY, INC.
Date drilling completed: 1/30/06

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>Henry Stafford</u>	Latitude: <u>31° 37' 51" S</u> Longitude: <u>90° 17' 23" W</u>
Mailing Address: <u>1768 Autry Ln NE</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Brookhaven MS 39601</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>14N 14E 1/4 Sec 27 Twn 8N Rng 9E</u>
Telephone No. <u>(972) 786-5798</u>	Distance <u>9</u> Miles Direction <u>E</u> of Nearest Town <u>Brookhaven</u>

Well Data

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

Date well drilling started: 1/30/06 Date well drilling completed: 1/30/06

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

Static Water Level: 170 feet above or below (circle one) land surface Date measured: 1/30/06

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

Hole depth: 385 Well depth: 370 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 360 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 360 feet to 370 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

RECEIVED

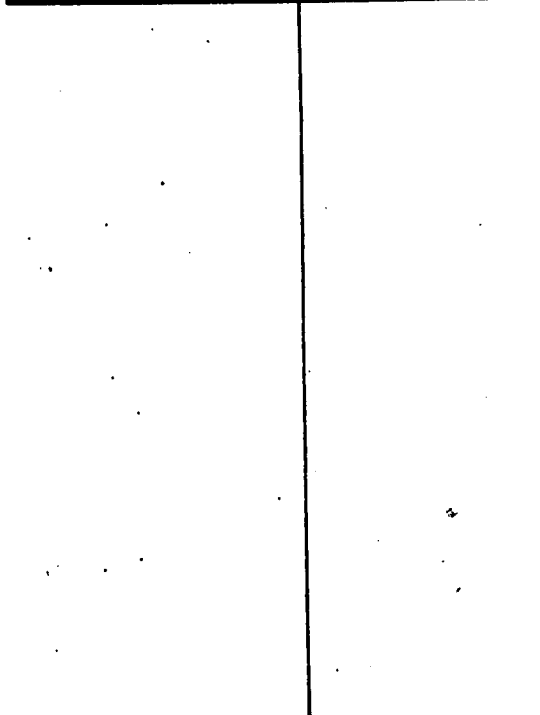
FEB 24 2006

BY: OLWR

If well telescopes please sketch below and show depths.

E-

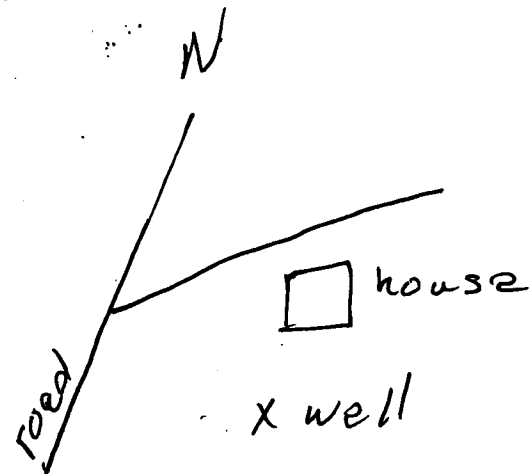
Ground Level



Description of Formations Encountered	From	To
red clay	0	8
white clay	8	33
blue clay	33	60
sand	60	70
blue clay	70	278
streaky	278	353
sand	353	375

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: ~~Brian McClendon~~ Henry Stafford

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 #: E-18
 Elevation: _____

County: Lincoln
 Permit #: _____
 Driller: GRENN WATER WELL & SUPPLY, INC
 Date completed: 2/2/06

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>Henry Stafford</u> Mailing Address: <u>1768 Artry Ln NE</u> <u>Brookhaven MS 39601</u> <small>City State Zip Code</small> Telephone No. <u>(912) 786-5798</u>	Latitude: <u>31° 37' 848"</u> Longitude: <u>90° 17' 229"</u> <small>51 13</small> Method of Lat/Long (circle one): Conventional Survey, USGS quad <u>Hand-held GPS</u> Survey-grade GPS <u>NW ¼ SE ¼ Sec 27 Twn 8N Rng 9E</u> Distance Direction Nearest Town <u>9 Miles E of Brookhaven</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> Bucket Piston <input type="radio"/> Turbine <input type="radio"/> Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> Other (specify): _____ Date Pump Installed: <u>2/2/06</u> Rated Pump Capacity: <u>10</u> Gallons Per Minute	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>1 1/2</u> Setting Depth: <u>220</u> feet Number of Stages: <u>21</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2/2/06</u> Static Water Level (A): <u>170'</u> Feet Below Land Surface Pumping Water Level (B): <u>180'</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface Test Pumping Rate: <u>12</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input type="radio"/> Steel Tape <input type="radio"/> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>12</u> GPM with a drawdown of <u>10</u> feet after <u>4</u> hours of pumping

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

RECEIVED
 FEB 24 2006
 BY OLWR