

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-23
 L. S. Elevation: _____
 E-log #: _____

County: Lincoln
 Permit #: _____
 Driller: GRENN WATER WELL & SUPPLY, INC.
 Date drilling completed: 7/22/08

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>Donald Allen</u> | Latitude: <u>31° 41' 50"</u> Longitude: <u>91° 20' 35"</u> |
| Mailing Address: <u>2483 Timberlane Rd NE</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| City: <u>Wesson</u> State: <u>MS</u> Zip Code: <u>39191</u> | USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| Telephone No. <u>(601) 643-5656</u> | <u>NE</u> 1/4 <u>NE</u> 1/4 Sec <u>6</u> Twn <u>8N</u> Rng <u>9E</u> |
| | Distance: <u>3</u> Miles Direction: <u>E</u> of Nearest Town: <u>Wesson</u> |

Well Data

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

Date well drilling started: 7/22/08 Date well drilling completed: 7/22/08

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

Static Water Level: 66 feet above or below (circle one) land surface Date measured: 7/22/08

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

Hole depth: 92 Well depth: 90 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70 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 70 feet to 90 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.

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 JUL 31 2008
 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)

For Office Use Only:

Aquifer: _____
 Well #: E-23
 Elevation: _____

County: Lincoln
 Permit #: _____
 Driller: GRENN WATER WELL & SUPPLY, INC.
 Date completed: 7/22/08

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>Donald Allen</u> | Latitude: <u>31° 41' 835"</u> Longitude: <u>90° 20' 39"</u> |
| Mailing Address: <u>2483 Jimbulane Rd NE</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>NW 1/4 NW 1/4 Sec 6 Twn 8N Rng 9E</u> |
| Telephone No. <u>(601) 643 5656</u> | Distance Direction Nearest Town |
| | <u>3 Miles E of Wesson</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>1 1/2</u> |
| Date Pump Installed: <u>7/22/08</u> | Setting Depth: <u>89</u> feet |
| Rated Pump Capacity: <u>16</u> Gallons Per Minute | Number of Stages: <u>14</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: <u>7/22/08</u> | Air Line <input type="radio"/> <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape |
| Static Water Level (A): <u>66</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>69</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>3</u> Feet Below Land Surface | Well yielded <u>21</u> GPM with a drawdown of |
| Test Pumping Rate: <u>21</u> Gallons Per Minute | <u>3</u> feet after <u>4</u> hours of pumping |
| 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.
GRENN WATER WELL & SUPPLY, INC.
WILLIAM L. HARDIN, LIC. NO. 0-802
 Print Name of Pump Installer and License No. (if applicable) William Hardin
Signature of Pump Installer

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JUL 31 2008

BY: OLWR