

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 #: F84
L. S. Elevation: _____
E-log #: _____

County: Lincoln
Permit #: _____
Driller: GRENN WATER WELL & SUPPLY, INC.
Date drilling completed: 8-31-11

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>Bettye Smith</u>	Latitude: <u>31° 32' ⁰⁴ 01" N</u> Longitude: <u>90° 33' 24" W</u> ⁰⁶
Mailing Address: <u>1936 Ivy Tr NW</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Brookhaven MS 39601</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE NE SW 1/4 SW 1/4</u> Sec <u>36</u> Twn <u>7N</u> Rng <u>6E</u>
Telephone No. <u>(601) 833-8773</u>	Distance Direction Nearest Town <u>6</u> Miles <u>SW</u> of <u>Brookhaven</u>

Well Data

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

Date well drilling started: 8-31-11 Date well drilling completed: 8-31-11

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

Static Water Level: 20 feet above or below (circle one) land surface Date measured: 8-31-11

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

Hole depth: 52 Well depth: 50 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 40 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 40 feet to 50 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

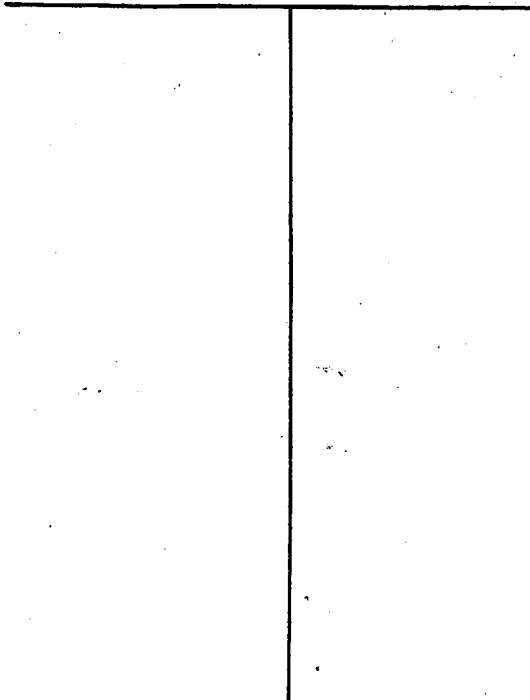
Brian McCleendon
Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

F84

If well telescopes please sketch below and show depths.

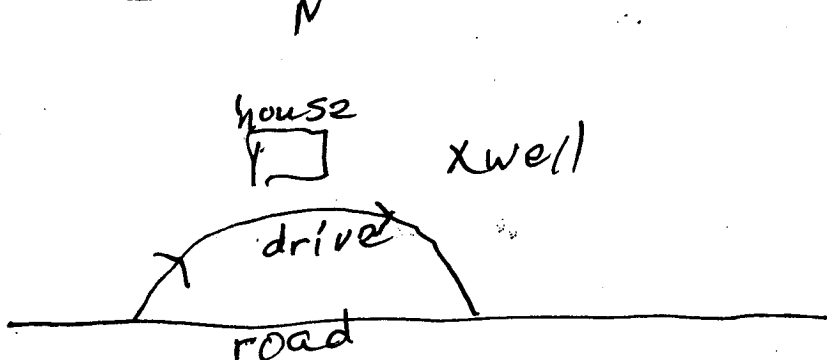
Ground Level



Description of Formations Encountered	From	To
Red clay	0	5
gravel	5	16
sand	16	50
white clay	50	50

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: Bettye Smith

Brian McClendry 664
Signature of Water Well Contractor

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 #: F84
 Elevation: _____

County: Lincoln
 Permit #: _____
 Driller: GRENN WATER WELL & SUPPLY, INC.
 Date completed: 9-1-11

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>Betty Smith</u>	Latitude: <u>31°32'04"</u> Longitude: <u>90°33'245"</u>
Mailing Address: <u>1936 IVY Tr NW</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Brookhaven MS 39601</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SW 1/4 SW 1/4 Sec 36 Twn 7N Rng 6E</u>
Telephone No. <u>(601) 833-8773</u>	Distance Direction Nearest Town
	<u>6 Miles SW of Brookhaven</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>1/2</u>
Date Pump Installed: <u>9-1-11</u>	Setting Depth: <u>49</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-1-11</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>20</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>29</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>9</u> Feet Below Land Surface	Well yielded <u>10</u> GPM with a drawdown of
Test Pumping Rate: <u>10</u> Gallons Per Minute	<u>9</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.
 MICHAEL W. KEES, RPO-00000801
 Print Name of Pump Installer and License No. (if applicable) Michael W. Kees
 Signature of Pump Installer