

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: Lincoln
Permit #: _____
Driller: GREENN WATER WELL & SUPPLY, INC.
Date drilling completed: 7/10/12

For Office Use Only:
Aquifer: _____
Well #: F89
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>Jerry Rice</u>	Latitude: <u>31° 31.732'</u> Longitude: <u>90° 35.788'</u>
Mailing Address: <u>406 Cripple Ln</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey
<u>Brookhaven MS 39601</u>	USGS quad: <u>SW 1/4 SW 1/4 Sec 34 Twn 7N Rng 6E</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>4</u> Miles Direction: <u>NW</u> of Nearest Town: <u>West Lincoln</u>
Telephone No. <u>(601) 757-0313</u>	

Well Data

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

Date well drilling started: 7/10/12 Date well drilling completed: 7/10/12

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

Static Water Level: 129 feet above or below (circle one) land surface Date measured: 7/10/12

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

Hole depth: 300 Well depth: 280 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 260 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 260 feet to 280 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.

GREENN WATER WELL & SUPPLY, INC.
BRIAN D. McCLENDON, UNR-00000664

Print Name of Water Well Contractor and License No. Brian McCleendon
Signature of Water Well Contractor

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AUG 02 2012
BY: OLWR

F89

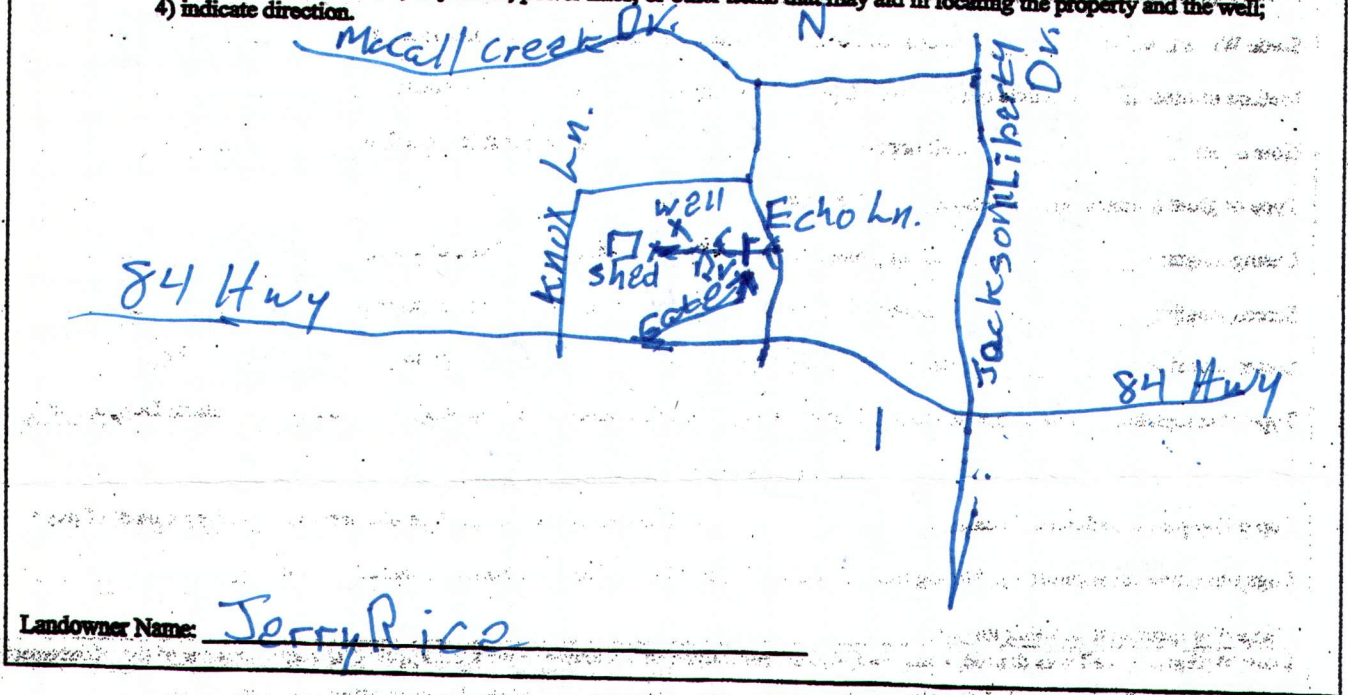
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
red clay	0	2
sand	2	15
red clay	15	21
sand + gravel	21	40
white clay	40	75
Blue clay		
Fine sand - consolidated	75	137
Fine sand - consolidated	137	145
Blue clay	145	207
streaky	207	245
sand	245	250
Blue clay	250	300

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: Jerry Rice

Brian McClendon 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 #: F89

Elevation: _____

County: Lincoln
Permit #: _____
Driller: GRENN WATER WELL & SUPPLY, INC.
Date completed: 7-24-12

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>Jerry Rice</u>	Latitude: <u>31° 36' 732"</u> Longitude: <u>90° 35' 788"</u>
Mailing Address: <u>406 Cripple Ln</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>SW 1/4 SW 1/4 Sec 34 Twn 7N Rng 6E</u>
Telephone No. <u>(601) 757-0313</u>	Distance Direction Nearest Town
	<u>4 Miles NW of West Lincoln</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>3/4</u>
Date Pump Installed: <u>7-24-12</u>	Setting Depth: <u>155</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-24-12</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>129</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>134</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>5</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>5</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-0000801

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

Michael Kees
Signature of Pump Installer

RECEIVED
AUG 02 2012
BY: OLWR