

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 #: G-463 85
 L. S. Elevation: _____
 E-log #: _____

County: Lincoln
 Permit #: _____
 Driller: GRENN WATER WELL & SUPPLY, INC.
 Date drilling completed: 11/5/04

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>King's Daughters Hospital</u>	Latitude: <u>31° 35' 31"</u> Longitude: <u>90° 27' 47"</u>
Mailing Address: <u>427 Hwy 51 N</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>SE 1/4 SW 1/4 Sec 12 Twn 7N Rng 7E</u>
Telephone No. <u>(601) 835-9160</u>	NE Direction Nearest Town <u>NE</u> Miles <u> </u> of <u>Brookhaven</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: for heating & cooling system

Date well drilling started: 11/5/04 Date well drilling completed: 11/5/04

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

Static Water Level: 69 feet above or below (circle one) land surface Date measured: 11/5/04

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

Hole depth: 160 Well depth: 155 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 125 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 125 feet to 155 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.

RECEIVED
 11/17/04

If well telescopes please sketch below and show depths.

Ground Level

G-463

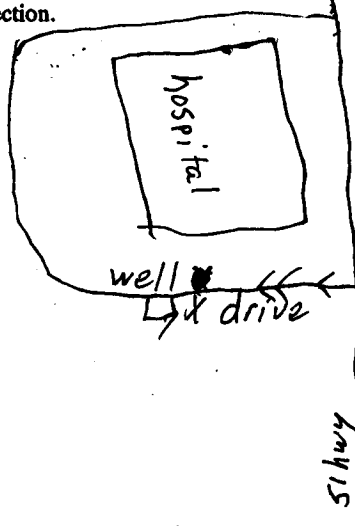
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
red clay	0	24
sand / clay streaks	24	45
sand & gravel	45	76
white clay	76	110
sand	110	160
sandstone		160

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: King Daughters Hospital

Brian McClendon, lic. no. 0-664
GRENN WATER WELL & SUPPLY, INC.

Brian McClendon
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 #: G-463

Elevation: _____

County: Lincoln
 Permit #: Green Water Well
 Driller: Brian McClendon
 Date completed: 11/5/04

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>King's Daughters Hospital</u>	Latitude: <u>N31° 35.311'</u> Longitude: <u>W90° 27.477'</u>
Mailing Address: <u>427 Hwy 51 N</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>SE SW</u> <u>S1/4 S1/4</u> Sec <u>12</u> Twn <u>7N</u> Rng <u>7E</u>
Telephone No. <u>(601) 835-9160</u>	Distance Direction Nearest Town
	<u>—</u> Miles <u>—</u> of <u>Brookhaven</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <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>5</u>
Date Pump Installed: <u>11/5/04</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>40</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11/5/04</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>69</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>90</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>21</u> Feet Below Land Surface	Well yielded <u>60</u> GPM with a drawdown of
Test Pumping Rate: <u>60</u> Gallons Per Minute	<u>21</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 Hardin, lic. no. 0-717P

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

REC 31 2004
 BY: OLWR