

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: 6534
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Lincoln
Permit #: _____
Driller: GRENN WATER WELL &
SUPPLY, INC
Date drilling completed: 9/30/10

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>Ronnie Robinson</u>	Latitude: <u>31° 32' ⁴⁰ N</u> Longitude: <u>90° 32' ¹⁷ W</u>
Mailing Address: <u>682 Watts Ln</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Brookhaven MS 39601</u> City State Zip Code	<u>NW 1/4 SE 1/4 Sec 30 Twn 7E Rng 7N</u>
Telephone No. <u>(601) 748-5960</u>	Distance Direction Nearest Town <u>3</u> Miles <u>W</u> of <u>Brookhaven</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 9/30/10 Date well drilling completed: 9/30/10
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 56 feet above or below (circle one) land surface Date measured: 9/30/10
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 91 Well depth: 87 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 67 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 67 feet to 87 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.
WILLIAM L. HARDIN, LIC. NO. 0-802

Chris Hardin
Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

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OCT 19 2010

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 #: _____
 Elevation: _____

County: Lincoln
 Permit #: _____
 Driller: GRENN WATER WELL & SUPPLY, INC
 Date completed: 9/30/10

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>Ronnie Robinson</u>	Latitude: <u>31° 03' 21.685" N</u> Longitude: <u>90° 32' 27.3" W</u>
Mailing Address: <u>682 Watts Ln</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Brookhaven MS 39601</u>	USGS quad, <u>NW 1/4 SE 1/4 Sec 30 Twn 7E Rng 7N</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 748 5960</u>	<u>3</u> Miles <u>W</u> of <u>Brookhaven</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>9/30/10</u>	Setting Depth: <u>86</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>9/30/10</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>56</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>60</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>4</u> Feet Below Land Surface	Well yielded <u>12</u> GPM with a drawdown of
Test Pumping Rate: <u>12</u> Gallons Per Minute	<u>4</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)

Clay Hardin
 Signature of Pump Installer

RECEIVED
 OCT 18 2010
 BY OLWR