

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 #: 1799
L. S. Elevation: 0559
E-log #: _____

County: Lincoln
Permit #: _____
Driller: GRENN WATER WELL & SUPPLY, INC.
Date drilling completed: 2/25/08

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>Valerie Ogelsby</u>	Latitude: <u>31° 31' 59"</u> Longitude: <u>90° 30' 01"</u>
Mailing Address: <u>P.O. Box 1134</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Brookhaven MS 39602</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NE 1/4 NE 1/4</u> Sec <u>4</u> Twn <u>6 N</u> Rng <u>7 E</u>
Telephone No. <u>(601) 835-0675</u>	Distance <u>3</u> Miles Direction <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: 2/25/08 Date well drilling completed: 2/25/08

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

Static Water Level: 95 feet above or below (circle one) land surface Date measured: 2/25/08

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

Hole depth: 258 Well depth: 250 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 240 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 1010 inches Setting depth: From 240 feet to 250 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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BY: OLWR

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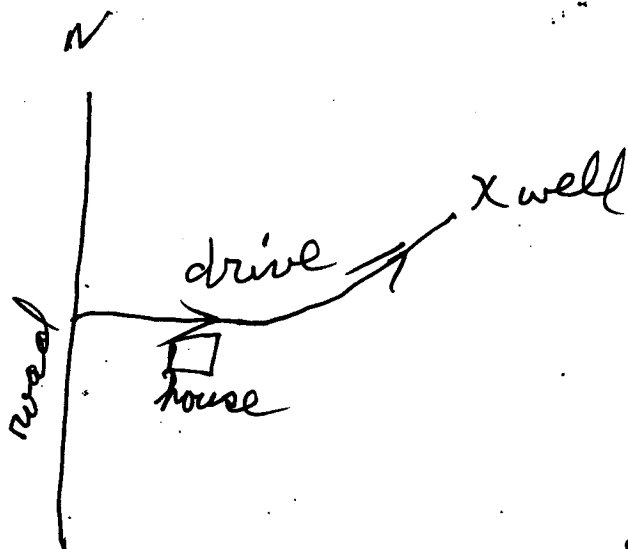
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
red clay	0	24
sand & gravel	24	82
white clay	82	107
blue clay	107	150
white clay	150	185
sand	185	258

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: Valerie Ogelsky

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)

County: Lincoln
 Permit #: _____
 Driller: GRENN WATER WELL & SUPPLY, INC.
 Date completed: 2/25/08

For Office Use Only:

Aquifer: _____
 Well #: 2-99
 Elevation: 6559

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>Valeir Dylesby</u> Mailing Address: <u>P.O. Box 1134</u> <u>Brookhaven MS 39602</u> <div style="display: flex; justify-content: space-around; font-size: small;"> City State Zip Code </div> Telephone No. <u>(601) 835-0675</u>	Latitude: <u>31° 31' 59.6"</u> Longitude: <u>90° 36' 01.7"</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad: <u>Hand-held GPS</u> Survey-grade GPS <u>NE 1/4 NE 1/4 Sec 4 Twn 6N Rng 7E</u> Distance <u>3</u> Miles <u>SW</u> of <u>Brookhaven</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>2/25/08</u> Rated Pump Capacity: <u>16</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>1 1/2</u> Setting Depth: <u>125</u> feet Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2/25/08</u> Static Water Level (A): <u>95</u> Feet Below Land Surface Pumping Water Level (B): <u>102</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>7</u> Feet Below Land Surface Test Pumping Rate: <u>18</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Air Line <u>Electric Measuring Line</u> Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>18</u> GPM with a drawdown of <u>7</u> feet after <u>4</u> hours of pumping

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

RECEIVED
 MAR 11 2008
 BY: OLWR