

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: H 115
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: L. Arcola
Permit #: _____
Driller: GRENN WATER WELL & SUPPLY, INC.
Date drilling completed: 9/28/10

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>Jake Jacobson</u>	Latitude: <u>31° 32' 30" N</u> Longitude: <u>90° 23' 06" W</u>
Mailing Address: <u>1617 Maura Ln SE</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>NW 1/4 SE 1/4 Sec 27 Twn 8E Rng 7N</u>
Telephone No. <u>(601) 833-7886</u>	NE Distance Direction Nearest Town <u>1</u> Miles <u>E</u> of <u>Brookhaven</u>

Well Data

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

Date well drilling started: 9/27/10 Date well drilling completed: 9/28/10

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

Static Water Level: 76 feet above or below (circle one) land surface Date measured: 9/28/10

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

Hole depth: 195 Well depth: 190 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 170 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 120 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 170 feet to 190 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

Print Name of Water Well Contractor and License No.

Clay Hardin

Signature of Water Well Contractor

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OCT 18 2010

BY: OLWR

If well telescopes please sketch below and show depths.

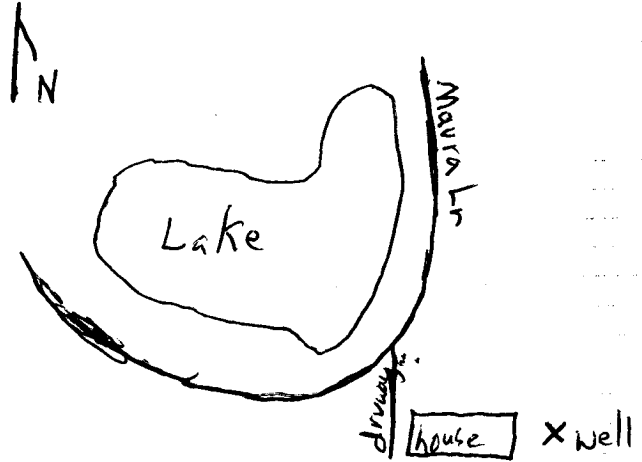
Ground Level

(This area is a large empty box intended for a sketch of the well telescopes, which is not present in the image.)

Description of Formations Encountered	From	To
Red Citronelle Clay	0	15
White Clay	15	32
Yellow Clay	32	40
Sand & Gravel	40	79
White Clay	79	101
Blue Clay	101	104
White Clay	104	123
White Clay/Sand Mix	123	135
Fine sand	135	160
Coarse Sand	160	195

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.



(Hand-drawn sketch details: A north arrow points towards the top left. A large, irregularly shaped area is labeled 'Lake'. To the right of the lake, a vertical line is labeled 'MAYRA Ln'. Below the lake, a curved line is labeled 'driveway'. Further down, a rectangular box is labeled 'house'. To the right of the house, an 'X' marks the 'well' location.)

Landowner Name: Jake Jacobson

GRENN WATER WELL & SUPPLY, INC.
WILLIAM L. HARDIN, LIC. NO. 0-802

 Chas Hardin
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 #: _____
 Elevation: _____

County: Lincoln
 Permit #: _____
 Driller: GRENN WATER WELL & SUPPLY, INC.
 Date completed: 9/28/10

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>Jake Jacobson</u>	Latitude: <u>31° 32' 642" N</u> Longitude: <u>90° 23' 016" W</u>
Mailing Address: <u>1617 Maura Ln SE</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 27 Twn 8E Rng 7N</u>
Telephone No. <u>(601) 833-7886</u>	Distance Direction Nearest Town <u>1</u> Miles <u>E</u> of <u>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>3</u>
Date Pump Installed: <u>9/28/10</u>	Setting Depth: <u>130</u> feet
Rated Pump Capacity: <u>40</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9/28/10</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>76</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>87</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>11</u> Feet Below Land Surface	Well yielded <u>45</u> GPM with a drawdown of
Test Pumping Rate: <u>45</u> Gallons Per Minute	<u>11</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