

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 #: K-106
L. S. Elevation: _____
E-log #: _____

County: Lincoln
Permit #: _____
Driller: GRENN WATER WELL & SUPPLY, INC
Date drilling completed: 8/15/08

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>James Martin</u>	Latitude: <u>31° 26' 27"</u> Longitude: <u>90° 34' 39"</u>
Mailing Address: <u>James Martin</u> <u>2002 Jackson Liberty Dr.</u> <u>Bogue Chitto MS 39629</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>SW 1/4 SW 1/4</u> Sec <u>35</u> Twn <u>6N</u> Rng <u>6E</u>
Telephone No. <u>(601) 833-0288</u>	Distance <u>7</u> Miles Direction <u>N</u> of Nearest Town <u>Bogue Chitto</u>

Well Data

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

Date well drilling started: 8/15/08 Date well drilling completed: 8/15/08

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

Static Water Level: 67 feet above below (circle one) land surface Date measured: 8/15/08

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

Hole depth: 145 Well depth: 140 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 120 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .010 inches Setting depth: From 120 feet to 140 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. _____

William Hardin
Signature of Water Well Contractor

RECEIVED
SEP 04 2008

RECEIVED
SEP 05 2008
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 #: K-106

Elevation: _____

County: Lincoln
Permit #: _____
Driller: GRENN WATER WELL & SUPPLY, INC.
Date completed: 8/16/08

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

Owner Name: James Martin
Mailing Address: 2002 Jackson Liberty Dr.
Bogue Chitto MS 39629
City State Zip Code
Telephone No. (601) 833-0288

Well Location

Latitude: 31°26'27" Longitude: 90°34'839"
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS Survey-grade GPS
SW 1/4 SW 1/4 Sec 35 Twn 6N Rng 6E
Distance Direction Nearest Town
7 Miles W of Bogue Chitto

Pump Type Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): _____
Date Pump Installed: 8/16/08
Rated Pump Capacity: 3/4 Gallons Per Minute

Power Type Circle one

Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
Windmill Other (specify): _____
Horse Power Rating of Motor: 3/4
Setting Depth: 100 feet
Number of Stages: 12

Pump Test Data

Date Well Tested: 8/16/08
Static Water Level (A): 67 Feet Below Land Surface
Pumping Water Level (B): 72 Feet Below Land Surface
Drawdown [(B) - (A)]: 5 Feet Below Land Surface
Test Pumping Rate: 13 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level Circle one

Air Line Electric Measuring Line Steel Tape
Other (specify): _____
For flowing well, measured shut in head: _____ feet
Well yielded 13 GPM with a drawdown of
5 feet after 4 hours of pumping

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)

William Hardin

Signature of Pump Installer

RECEIVED

SEP 05 2008

BY: OLWR