

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 #: K128
L. S. Elevation: _____
E-log #: _____

County: Lincoln
Permit #: _____
Driller: GRENN WATER WELL & SUPPLY, INC.
Date drilling completed: 8-22-11

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>Velba Lofton</u> | Latitude: <u>31° 28' 29.2"</u> Longitude: <u>90° 36' 42.5"</u> |
| Mailing Address: <u>1336 Strawberry 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> | NW <u>1/4</u> SE Sec <u>21</u> Twn <u>6N</u> Rng <u>6E</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>(601) 833-7904</u> | <u>10</u> Miles <u>NW</u> of <u>Boque Chitto</u> |
| Well Data | |
| Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____ | |
| Date well drilling started: <u>8-22-11</u> Date well drilling completed: <u>8-22-11</u> | |
| If flowing, method of flow regulation: Valve _____ Other (describe) _____ | |
| Static Water Level: <u>50</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>8-22-11</u> | |
| Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____ | |
| Hole depth: <u>68</u> Well depth: <u>66</u> Well grouted to a depth of <u>10</u> feet | |
| Type of grout (circle one): Cement <u>Bentonite</u> Mix | |
| Casing length: <u>56</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u> | |
| Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u> | |
| Screen slot size: <u>.010</u> inches Setting depth: From <u>56</u> feet to <u>66</u> feet | |
| Type of completion (circle all applicable): <u>Gravel packed</u> 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): <u>No log run</u> 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 D. McCLENDON, UNR-00000664 | |
| Print Name of Water Well Contractor and License No. | <u>Brian McCleendon</u> Signature of Water Well Contractor |

K128

If well telescopes please sketch below and show depths.

Ground Level

| Description of Formations Encountered | From | To |
|---------------------------------------|------|----|
| red clay | 0 | 23 |
| stky | 23 | 40 |
| sand | 40 | 66 |
| white clay | 66 | 68 |
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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: Kelba Cofton

Brian McClendon 664
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 #: K128
 Elevation: _____

County: Lincoln
 Permit #: _____
 Driller: GRENN WATER WELL & SUPPLY, INC.
 Date completed: 8-23-11

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>Velba Lofton</u> | Latitude: <u>31°²⁸25'²⁸</u> Longitude: <u>90°36'47²⁸"</u> |
| Mailing Address: <u>1336 Strawberry Ln.</u> | Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS |
| <u>Brookhaven</u> MS <u>39601</u> | USGS quad: <u>NW</u> ¼ <u>SE</u> ¼ Sec <u>21</u> Twn <u>6N</u> Rng <u>6E</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>(601) 833-7104</u> | <u>10</u> Miles <u>NW</u> of <u>Bogue Chitto</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>1/2</u> |
| Date Pump Installed: <u>8-23-11</u> | Setting Depth: <u>65</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>8-23-11</u> | Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape |
| Static Water Level (A): <u>50</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>10</u> Feet Below Land Surface | Well yielded <u>10</u> GPM with a drawdown of |
| Test Pumping Rate: <u>10</u> Gallons Per Minute | <u>10</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.
 MICHAEL W. KEES, RPO-0000801
 Print Name of Pump Installer and License No. (if applicable) Michael W. Kees
 Signature of Pump Installer

RECEIVED
 SEP 16 2011
 BY: OLWR