

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 #: L-93
L. S. Elevation: _____
E-log #: _____

County: Lincoln
Permit #: _____
Driller: GRENN WATER WELL & SUPPLY, INC.
Date drilling completed: 8/26/07

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>Habitat for Humanity</u>	Latitude: <u>31° 30' 89.3"</u> Longitude: <u>90° 28' 92.7"</u>
Mailing Address: <u>P.O. Box 618</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 SE 1/4 Sec 3 Twn 6N Rng 7E</u>
Telephone No. <u>(601) 873-4061</u>	Distance Direction Nearest Town
	<u>4</u> Miles <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: 8/26/07 Date well drilling completed: 8/26/07

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

Static Water Level: 30 feet above or below (circle one) land surface Date measured: 8/26/07

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

Hole depth: 75 Well depth: 70 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .010 inches Setting depth: From 60 feet to 70 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

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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SEP 21 2007
BY: OLWR

If well telescopes please sketch below and show depths.

Ground Level

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Description of Formations Encountered	From	To
red clay	0	18
sand & gravel	18	70
white clay	70	75

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: Habitat For Humanity

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)

For Office Use Only:

Aquifer: _____
 Well #: L-93
 Elevation: _____

County: Lincoln
 Permit #: _____
 Driller: GRENN WATER WELL & SUPPLY, INC
 Date completed: 8/26/07

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>Habitat For Humanity</u>	Latitude: <u>31.30.893</u> Longitude: <u>90.28.927</u>
Mailing Address: <u>P.O. Box 618</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>Brookhaven, Ms. 39602</u>	<u>ME 1/4 SE 1/4 Sec 3 Twn 6N Rng 7E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 823-4061</u>	<u>4 Miles SW of Brookhaven</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" 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>5</u> RECEIVED
Date Pump Installed: <u>8/26/07</u>	Setting Depth: <u>69</u> SEP 21 2007
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>9</u> BY: OLWR

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8/26/07</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input checked="" type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>30</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>52</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>22</u> Feet Below Land Surface	Well yielded <u>11</u> GPM with a drawdown of
Test Pumping Rate: <u>11</u> Gallons Per Minute	<u>22</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.
 Brian D. McClendon, lic. no. 0-664
 Print Name of Pump Installer and License No. (if applicable) Brian D. McClendon
 Signature of Pump Installer