

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-101
L. S. Elevation: _____
E-log #: _____

County: Lincoln
Permit #: _____
Driller: GRENN WATER WELL & SUPPLY, INC.
Date drilling completed: 4/30/08

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>Clyde Herrera</u>	Latitude: <u>31.29.925</u> Longitude: <u>90.32.385</u>
Mailing Address: <u>956 Woten Ln NW</u>	Method of Lat/Long (circle one): <u>54</u> Conventional Survey, <u>23</u>
<u>Brookhaven MS 39601</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>S1WSE 1/4 Sec 7</u> Twn <u>6N</u> Rng <u>7E</u>
Telephone No. <u>(601) 757-2135</u>	Distance Direction Nearest Town <u>2</u> Miles <u>E</u> of <u>West Lincoln</u>

Well Data

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

Date well drilling started: 4/30/08 Date well drilling completed: 4/30/08

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

Static Water Level: 105 feet above below (circle one) land surface Date measured: 4/30/08

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

Hole depth: 237 Well depth: 230 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 220 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 220 feet to 230 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

Print Name of Water Well Contractor and License No.

Brian McClendon
Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

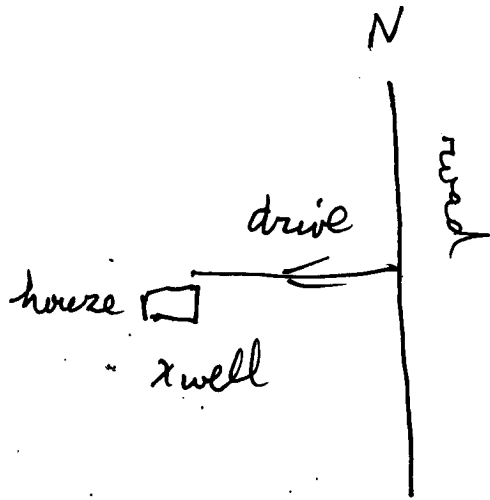
Ground Level

Blank area for well telescope sketches, bounded by a horizontal line at the top and a vertical line on the left.

Description of Formations Encountered	From	To
red clay	0	15
streaky	15	55
sand & gravel	55	80
white clay	80	95
blue clay	95	165
white clay	165	184
sand	184	237

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: Clyde Herrera

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-101

Elevation: _____

County: Lincoln
 Permit #: _____
 Driller: GRENN WATER WELL & SUPPLY, INC.
 Date completed: 5/1/08

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	Well Location
Owner Name: <u>Clyde Herrera</u> Mailing Address: <u>956 Wooten Ln NW</u> <u>Brookhaven MS 39601</u> <small>City State Zip Code</small> Telephone No. <u>(601) 757-2135</u>	Latitude: <u>31°29'40.5"</u> Longitude: <u>90°32'38.3"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS Survey-grade GPS <u>SW 1/4 SE 1/4 Sec 7 Twn 6N Rng 7E</u> Distance Direction Nearest Town <u>2 Miles E of West Lincoln</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> Bucket Piston <input type="radio"/> Turbine <input type="radio"/> Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> Other (specify): _____ Date Pump Installed: <u>5/1/08</u> Rated Pump Capacity: <u>10</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</u> Setting Depth: <u>140</u> feet Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5/1/08</u> Static Water Level (A): <u>105</u> Feet Below Land Surface Pumping Water Level (B): <u>111</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>6</u> Feet Below Land Surface Test Pumping Rate: <u>13</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input type="radio"/> Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>13</u> GPM with a drawdown of <u>6</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

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