

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

County: Lincoln
Permit #: _____
Driller: GRENN WATER WELL & SUPPLY, INC.
Date drilling completed: 3/9/09

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>Benji Rushing</u> | Latitude: <u>31° 31' 48" N</u> Longitude: <u>90° 30' 55" W</u> |
| Mailing Address: <u>1715 Hurricane Lake Dr</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>NE 1/4 NE 1/4 Sec 5 Twn 6 N Rng 7 E</u> |
| Telephone No. <u>(601) 757-8379</u> | Distance <u>5</u> Miles Direction <u>SW</u> of Nearest Town <u>Brookhaven</u> |

Well Data

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

Date well drilling started: 3/9/09 Date well drilling completed: 3/9/09

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

Static Water Level: 39 feet above or below (circle one) land surface Date measured: 3/9/09

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

Hole depth: 92 Well depth: 90 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 20/10 inches Setting depth: From 80 feet to 90 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

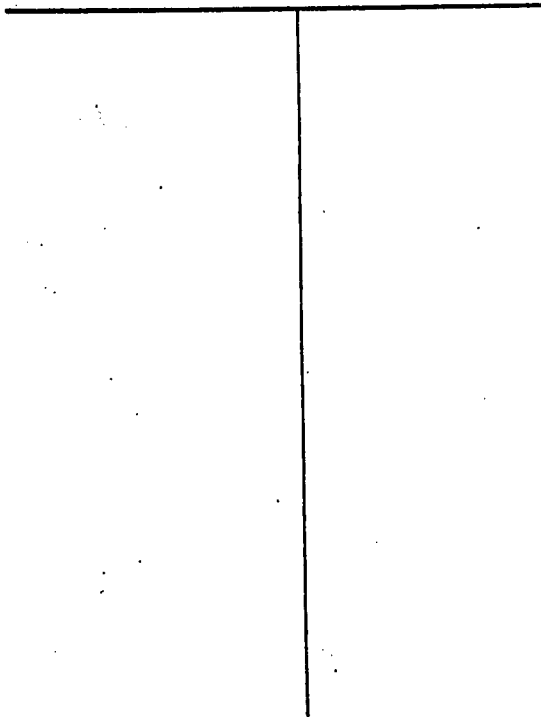
Print Name of Water Well Contractor and License No. _____ Signature of Water Well Contractor Brian McClendon

RECEIVED
APR 07 2009
BY: OLWR

If well telescopes please sketch below and show depths.

L-106

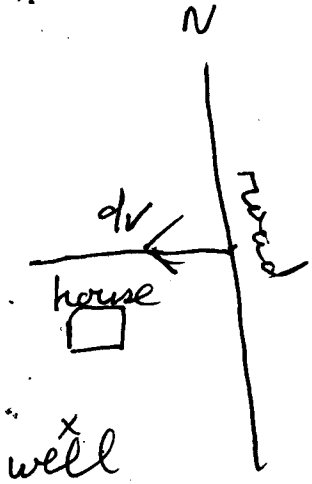
Ground Level



| Description of Formations Encountered | From | To |
|---------------------------------------|------|----|
| red clay | 0 | 25 |
| streaky | 25 | 50 |
| sand & gravel | 50 | 89 |
| white clay | 89 | 92 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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: Benji Rushing

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-106

Elevation: _____

County: Lincoln

Permit #: _____

Driller: GRENN WATER WELL & SUPPLY, INC

Date completed: 3/10/09

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>Benji Rushing</u> | Latitude: <u>31° 31' 480"</u> Longitude: <u>90° 30' 912"</u> |
| Mailing Address: <u>1715 Hurricane Lake Dr</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Brookhaven ms 39601</u> | USGS quad, <u>Hand-held GPS</u> Survey-grade GPS |
| City State Zip Code | <u>NE ¼ NE ¼ Sec 5 Twn 6N Rng 7E</u> |
| Telephone No. <u>(601) 757-8379</u> | Distance Direction Nearest Town |
| | <u>5 Miles SW of Brookhaven</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>3/10/09</u> | Setting Depth: <u>70</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>3/10/09</u> | Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape |
| Static Water Level (A): <u>39</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>42</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>3</u> Feet Below Land Surface | Well yielded <u>13</u> GPM with a drawdown of |
| Test Pumping Rate: <u>13</u> Gallons Per Minute | <u>3</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)

William Hardin
Signature of Pump Installer

RECEIVED

APR 02 2009

BY: OLWR