

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: L 117
 Well #: _____
 L. S. Elevation: _____
 E-log #: _____

County: Lincoln
 Permit #: _____
 Driller: GRENN WATER WELL & SUPPLY, INC.
 Date drilling completed: 11/12/10

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>David Freshwater</u>	Latitude: <u>31° 30' 00"</u>	Longitude: <u>90° 29' 86"</u>	<u>SW</u>
Mailing Address: <u>770 Daisy Ln SW</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input checked="" type="radio"/> Survey-grade GPS		
<u>Bogue Chitto MS 39629</u>	USGS quad, <u>(Hand-held GPS)</u>		
City State Zip Code	<u>NW 1/4 SW 1/4 Sec 109 Twn 6 N Rng 7 E</u>		
Telephone No. <u>(601) 833-2652</u>	Distance <u>2 1/2</u> Miles	Direction <u>SW</u>	Nearest Town <u>Brookhaven</u>

Well Data			
Purpose of Well (circle one): <input checked="" type="radio"/> Home	<input type="radio"/> Industrial	<input type="radio"/> Public Supply	<input type="radio"/> Irrigation
Date well drilling started: <u>11/12/10</u>	Date well drilling completed: <u>11/12/10</u>	Fish Culture <input type="radio"/> Other: _____	
If flowing, method of flow regulation: Valve <input type="radio"/> Other (describe) _____			
Static Water Level: <u>37</u> feet above or <input checked="" type="radio"/> below (circle one) land surface	Date measured: <u>11/12/10</u>	Method of Measurement (circle one): <input type="radio"/> steel tape, <input checked="" type="radio"/> electric tape, <input type="radio"/> air line, other: _____	
Hole depth: <u>80</u> feet	Well depth: <u>75</u> feet	Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <input type="radio"/> Cement, <input type="radio"/> Bentonite, <input checked="" type="radio"/> Mix	Casing length: <u>65</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>65</u> feet to <u>75</u> feet	Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed, <input type="checkbox"/> Underreamed, <input type="checkbox"/> Telescoped, <input type="checkbox"/> Open hole, <input type="checkbox"/> 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): <input checked="" type="checkbox"/> No log run, <input type="checkbox"/> Electric, <input type="checkbox"/> Gamma Ray, <input type="checkbox"/> Density, <input type="checkbox"/> Sonic, <input type="checkbox"/> 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

Chay Hardin
 Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

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NOV 29 2010

BY: OLWR

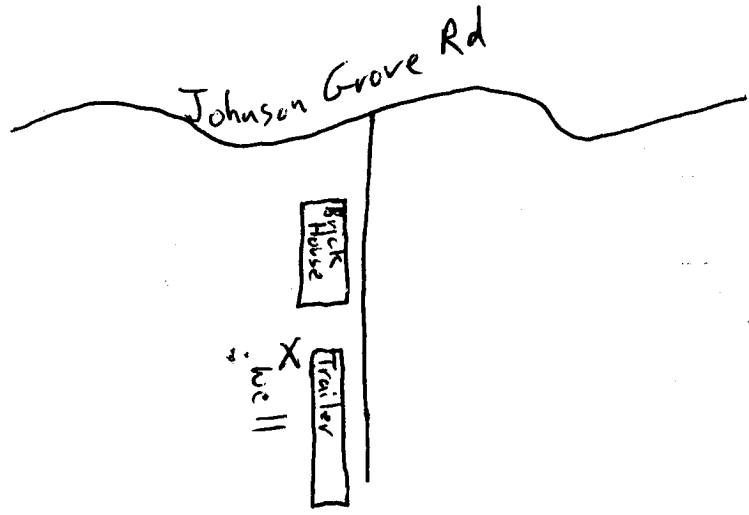
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Red Sandy Citronelle Clay	0	38
Coarser Sand & Gravel	38	76
Yellow Clay	76	80

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: David Freshwater

GRENN WATER WELL & SUPPLY, INC.
WILLIAM L. HARDIN, LIC. NO. 0-802

Clay Hardin
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 #: _____
 Elevation: _____

County: Lincoln
 Permit #: _____
 Driller: GRENN WATER WELL & SUPPLY, INC
 Date completed: 11/13/10

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>David Freshwater</u>	Latitude: <u>31°30'00" N</u> Longitude: <u>90°29'86" W</u>
Mailing Address: <u>770 Daisy Ln SW</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>Bogue Chitto MS 39629</u>	<u>NW 1/4 SW 1/4 Sec 10 Twn 6 N Rng 7 E</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>(601) 833-2652</u>	<u>2 1/2</u> Miles <u>SW</u> of <u>Brookhaven</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<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>11/13/10</u>	Setting Depth: <u>74</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>11/13/10</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>37</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>58</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>21</u> Feet Below Land Surface	Well yielded <u>12</u> GPM with a drawdown of
Test Pumping Rate: <u>12</u> Gallons Per Minute	<u>21</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) _____
Clay Hardin
Signature of Pump Installer

RECEIVED

NOV 29 2010

BY: OLWR