

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 #: N42
L. S. Elevation: _____
E-log #: _____

County: Lincoln
Permit #: _____
Driller: GRENN WATER WELL & SUPPLY, INC.
Date drilling completed: 4-16-13

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>Margaret Brent</u>	Latitude: <u>31° 26' 60"</u> Longitude: <u>90° 17' 48"</u>
Mailing Address: <u>2234 Mallelium Dr</u>	Method of Lat/Long (circle one): Conventional Survey, <input checked="" type="checkbox"/> Hand-held GPS, Survey-grade GPS
<u>Ruth, Ms. 39662</u>	USGS quad: <u>SE 1/4 NW 1/4 Sec 34 Twn 6N Rng 9E</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>4.5</u> Miles Direction: <u>NE</u> of Nearest Town: <u>Ruth</u>
Telephone No. <u>(601) 835-0376</u>	

Well Data	
Purpose of Well (circle one): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____	
Date well drilling started: <u>4-16-13</u>	Date well drilling completed: <u>4-16-13</u>
If flowing, method of flow regulation: Valve <input checked="" type="checkbox"/> Other (describe): _____	
Static Water Level: <u>65</u> feet above or below (circle one) land surface	Date measured: <u>4-16-13</u>
Method of Measurement (circle one): steel tape <input type="checkbox"/> electric tape <input checked="" type="checkbox"/> air line <input type="checkbox"/> other: _____	
Hole depth: <u>133</u> Well depth: <u>130</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Mix <input type="checkbox"/>	
Casing length: <u>120</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>1010</u> inches	Setting depth: From <u>120</u> feet to <u>130</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 <input type="checkbox"/> 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

Brian McCleendon
Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

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MAY 02 2013

BY: OLWR

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)

County: Lincoln
 Permit #: _____
 Driller: GRENN WATER WELL & SUPPLY, INC.
 Date completed: 4/17/13

For Office Use Only:

Aquifer: _____
 Well #: N42
 Elevation: _____

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>Margaret Brent</u>	Latitude: <u>31°26'669"</u> Longitude: <u>90°17'486"</u>
Mailing Address: <u>2234 Mallalieu Dr</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> ,
<u>Ruth</u> <u>MS</u> <u>39662</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE 1/4 NW 1/4 Sec 34 Twn 6 N Rng 9 E</u>
Telephone No. <u>(601) 835-0376</u>	Distance Direction Nearest Town
	<u>4 1/2</u> Miles <u>NE</u> of <u>Ruth</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>4/17/13</u>	Setting Depth: <u>90</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>4/17/13</u>	Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>65</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>71</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>6</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>6</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.

WILLIAM L. HARDIN, V, UNR-00000802
 Print Name of Pump Installer and License No. (if applicable)

William Hardin
 Signature of Pump Installer

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 MAY 02 2013

BY: OLWR