

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 #: Q-80
L. S. Elevation: _____
E-log #: _____

County: Lincoln
Permit #: _____
Driller: GRENN WATER WELL & SUPPLY, INC.
Date drilling completed: 6/24/06

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>Paul Hogan</u>	Latitude: <u>31° 23' 54" N</u>	Longitude: <u>90° 35' 42" W</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
Mailing Address: <u>2412 Metarie Rd</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS	<u>SW 1/4 SW 1/4</u> Sec <u>15</u> Twn <u>5N</u> Rng <u>6E</u>	Direction: <u>SW</u> of Nearest Town: <u>Boque, Chitto</u>
<u>Metarie</u> LA <u>70001-5532</u>	City State Zip Code	Distance: <u>8</u> Miles	
Telephone No. <u>(504) 832-9119</u>			
Well Data			
Purpose of Well (circle one): <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____	Date well drilling started: <u>6/24/06</u>	Date well drilling completed: <u>6/24/06</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	Static Water Level: <u>30</u> feet above or <u>below</u> (circle one) land surface	Date measured: <u>6/24/06</u>	
Method of Measurement (circle one): steel tape <u>electric tape</u> air line other: _____	Hole depth: <u>96</u> Well depth: <u>90</u> Well grouted to a depth of <u>10</u> feet		
Type of grout (circle one): Cement <u>Bentonite</u> Mix	Casing length: <u>70</u> feet Casing diameter: <u>4</u> inches	Type of casing: <u>PVC</u>	
Screen length: <u>20</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>70</u> feet to <u>90</u> feet		
Type of completion (circle all applicable): <u>Gravel packed</u> 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): <u>No log run</u> 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		<u>Brian McClendon</u>	
Print Name of Water Well Contractor and License No.		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 #: Q-80

Elevation: _____

County: Lincoln
Permit #: _____
Driller: GRENN WATER WELL & SUPPLY, INC
Date completed: 6/27/06

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>Paul Hogan</u>	Latitude: <u>31° 23' 90.8"</u> Longitude: <u>90° 35' 76.1"</u>
Mailing Address: <u>2412 Metairie Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Metairie</u> LA <u>70001-5532</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>SW 1/4 SW 1/4 Sec 15 Twn 5N Rng 6E</u>
Telephone No. <u>(504) 832-9119</u>	Distance Direction Nearest Town
	<u>8 Miles SW of Bayou Chitto</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 1/2</u>
Date Pump Installed: <u>6/27/06</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>25</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6/27/06</u>	Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>30</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>41</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>11</u> Feet Below Land Surface	Well yielded <u>30</u> GPM with a drawdown of
Test Pumping Rate: <u>30</u> Gallons Per Minute	<u>11</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 Hardin, lic. no. 0-717P
Print Name of Pump Installer and License No. (if applicable)

William Hardin
Signature of Pump Installer