

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 #: Φ 108
L. S. Elevation: _____
E-log #: _____

County: Lincoln
Permit #: _____
Driller: GRENN WATER WELL &
SUPPLY, INC
Date drilling completed: 6/28/10

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>Stewart Duck</u> | Latitude: <u>31° 24' 48.4" N</u> Longitude: <u>90° 37' 23.1" W</u> |
| Mailing Address: <u>2509 Elaine Tr</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Smithdale MS 39664</u> | USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS |
| City State Zip Code | <u>SW 1/4 SW 1/4 Sec 8 Twn 5N Rng 6E</u> |
| Telephone No. <u>(252) 244-0976</u> | Distance Direction Nearest Town <u>10 Miles W of Bayou Choitto</u> |

Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 6/28/10 Date well drilling completed: 6/28/10
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 84 feet above or below (circle one) land surface Date measured: 6/28/10
Method of Measurement (circle one): steel tape electric tape air line other: _____
Hole depth: 100 Well depth: 95 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 85 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 85 feet to 95 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.
WILLIAM L. HARDIN, LIC. NO. 0-802

Print Name of Water Well Contractor and License No.

William Hardin
Signature of Water Well Contractor

RECEIVED
JUL 17 2010
BY: CWR

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 #: 7 108
 Elevation: _____

County: Lincoln
 Permit #: _____
 Driller: GRENN WATER WELL & SUPPLY, INC.
 Date completed: 6/28/10

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

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|---|---|
| <p style="text-align: center;">Well Owner Information</p> <p>Owner Name: <u>Stewart Duck</u></p> <p>Mailing Address: <u>2509 Elaine Tr</u> <u>Smithdale, MS 39664</u> City State Zip Code</p> <p>Telephone No. <u>625 244-0976</u></p> | <p style="text-align: center;">Well Location</p> <p>Latitude: <u>31°24'48.4"N</u> Longitude: <u>90°37'23.1"W</u></p> <p>Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS</p> <p><u>SW</u> 1/4 <u>SW</u> 1/4 Sec <u>8</u> Twn <u>5N</u> Rng <u>6E</u></p> <p>Distance Direction Nearest Town <u>10</u> Miles <u>W</u> of <u>Boque Chitto</u></p> |
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| <p style="text-align: center;">Pump Type Circle one</p> <p>Air Lift Jet <u>Submersible</u></p> <p>Bucket Piston Turbine</p> <p>Centrifugal Rotary Flowing Well</p> <p>Other (specify): _____</p> <p>Date Pump Installed: <u>6/28/10</u></p> <p>Rated Pump Capacity: <u>10</u> Gallons Per Minute</p> | <p style="text-align: center;">Power Type Circle one</p> <p>Diesel Engine Gasoline Engine Natural Gas</p> <p><u>Electric Motor</u> Hand Tractor PTO</p> <p>Windmill Other (specify): _____</p> <p>Horse Power Rating of Motor: <u>1/2</u></p> <p>Setting Depth: <u>94</u> feet</p> <p>Number of Stages: <u>9</u></p> |
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| <p style="text-align: center;">Pump Test Data</p> <p>Date Well Tested: <u>6/28/10</u></p> <p>Static Water Level (A): <u>84</u> Feet Below Land Surface</p> <p>Pumping Water Level (B): <u>85</u> Feet Below Land Surface</p> <p>Drawdown [(B) - (A)]: <u>1</u> Feet Below Land Surface</p> <p>Test Pumping Rate: <u>11</u> Gallons Per Minute</p> <p>Duration of Pump Test (minimum 4 hours): <u>4</u> hours</p> | <p style="text-align: center;">Method of Measuring Water Level Circle one</p> <p>Air Line <u>Electric Measuring Line</u> Steel Tape</p> <p>Other (specify): _____</p> <p>For flowing well, measured shut in head: _____ feet</p> <p>Well yielded <u>11</u> GPM with a drawdown of <u>1</u> feet after <u>4</u> hours of pumping</p> |
|---|---|

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

FILED
 JUN 28 2010
 MISSISSIPPI