

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 #: P-77
L. S. Elevation: _____
E-log #: _____

County: Lincoln
Permit #: _____
Driller: GRENN WATER WELL & SUPPLY, INC.
Date drilling completed: 2/16/06

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>Kevin Bigner</u>	Latitude: <u>31° 21' 55"</u> Longitude: <u>90° 29' 54"</u>
Mailing Address: <u>325 Freeman Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Summit, Ms. 39666</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SW 1/4 SW 1/4 Sec. 34 Twn 5N Rng 7E</u>
Telephone No. <u>(601) 595-2015</u>	Distance <u>6</u> Miles Direction <u>SW</u> of Nearest Town <u>Bogue Chitto</u>

Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 2/16/06 Date well drilling completed: 2/16/06
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 31 feet above or below (circle one) land surface Date measured: 2/16/06
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.

Brian McClendon, lic. no. 0-664

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor



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MAR 16 2006

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)

For Office Use Only:

Aquifer: _____
 Well #: P-77
 Elevation: _____

County: Lincoln
 Permit #: _____
 Driller: GRENN WATER WELL & SUPPLY, INC.
 Date completed: 2/17/06

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>Kevin Biggner</u> Mailing Address: <u>325 Freeman Rd</u> <u>Summit Ms 39666</u> City State Zip Code Telephone No. <u>(601) 395-2015</u>	Latitude: <u>31° 21' 35.7"</u> Longitude: <u>90° 29' 59.6"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>SW 1/4 SW 1/4 Sec</u> Twn <u>5N</u> Rng <u>7E</u> Distance Direction Nearest Town <u>6 Miles SW of Deque ch. Hto</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>2/17/06</u> Rated Pump Capacity: <u>10</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>1/2</u> Setting Depth: <u>70</u> feet Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2/17/06</u> Static Water Level (A): <u>31</u> Feet Below Land Surface Pumping Water Level (B): <u>42</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>11</u> Feet Below Land Surface Test Pumping Rate: <u>13</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>13</u> GPM with a drawdown of <u>11</u> feet after <u>4</u> hours of pumping

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

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 BY: OLWR