

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 #: P98

L. S. Elevation: _____

E-log #: _____

County: Lincoln

Permit #: _____

Driller: GRENN WATER WELL

& SUPPLY, INC.
Date drilling completed: 8-23-12

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

Owner Name Sheila Carter

Mailing Address: 2433 Shannon Dr

Bogue Chitto MS 39629
City State Zip Code

Telephone No. (601) 941 1431

Well Location

Latitude: 31° 25' 030" Longitude: 90° 31' 878"

Method of Lat/Long (circle one): 01 Conventional Survey, 52

USGS quad, Hand-held GPS, Survey-grade GPS

SW ¼ SE ¼ Sec 7 Twn 5N Rng 7E
SE NE

Distance Direction Nearest Town
5 Miles sw of Bogue Chitto

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 8-23-12 Date well drilling completed: 8-23-12

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 53 feet above or below (circle one) land surface Date measured: 8-23-12

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 105 Well depth: 104 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 94 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 94 feet to 104 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 V, UNR-00000802

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

William Hardin

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 #: P98

Elevation: _____

County: Lincoln
 Permit #: _____
 Driller: GRENN WATER WELL & SUPPLY, INC.
 Date completed: 8-24-12

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>Sheila Carter</u>	Latitude: <u>31°25'030"</u> Longitude: <u>90°31'878"</u>
Mailing Address: <u>2433 Shannon Dr</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey,
<u>Bogue Chitto MS 39629</u>	<input checked="" type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip Code	<u>SW</u> ¼ <u>SE</u> ¼ Sec <u>7</u> Twn <u>5N</u> Rng <u>7E</u>
Telephone No. <u>(601) 941-1431</u>	SE NE Direction Nearest Town
	<u>5</u> Miles <u>SW</u> of <u>Bogue Chitto</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>8-24-12</u>	Setting Depth: <u>85</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>8-24-12</u>	Air Line <input type="checkbox"/> <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>53</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>59</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>14</u> GPM with a drawdown of
Test Pumping Rate: <u>14</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 L. Hardin

Signature of Pump Installer