

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)

County: Lincoln
Permit #: _____
Driller: GRENN WATER WELL & SUPPLY, INC
Date drilling completed: 11/22/10

For Office Use Only:
Aquifer: R 61
Well #: _____
L. S. Elevation: _____
E-log #: _____

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>Stanley Frugin</u> | | Latitude: <u>31° 26' ⁰⁴N 044"</u> | Longitude: <u>90° 16' ²³W 398"</u> |
| Mailing Address: <u>2441 Herrington Ln SE</u> | | Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS | |
| <u>Ruth MS 39662</u> | | <u>SE</u> 1/4 <u>NW</u> 1/4 Sec <u>2</u> / Twn <u>5N</u> Rng <u>9E</u> | |
| City: _____ State: _____ Zip Code: _____ | | NE Distance: <u>10</u> Miles | Direction: <u>SE</u> of Nearest Town: <u>Brookhaven</u> |
| Telephone No.: <u>(601) 833-6884</u> | | | |

Well Data

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

Date well drilling started: 11/22/10 Date well drilling completed: 11/22/10

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

Static Water Level: 79 feet above or below (circle one) land surface Date measured: 11/22/10

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

Hole depth: 122 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 120 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 110 feet to 120 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.

Chaz Hardin
Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

Ground Level _____

(Empty area for sketching well telescopes and depths, bounded by a vertical line from the ground level and a horizontal line at the top.)

| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Red Citronelle Clay | 0 | 18 |
| Sand w Clay streaks | 18 | 76 |
| Red Clay | 76 | 86 |
| Coarser Sand & Gravel | 86 | 122 |
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If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.

Landowner Name: Stanley Frugia

GRENN WATER WELL & SUPPLY, INC.
 WILLIAM L. HARDIN, LIC. NO. 0-802

Chay Hardin
 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: R61
 Well #: _____
 Elevation: _____

County: Lincoln
 Permit #: _____
 Driller: GRENN WATER WELL & SUPPLY, INC.
 Date completed: 11/22/10

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

| Well Owner Information | Well Location |
|--|---|
| Owner Name: <u>Stanley Frugia</u> | Latitude: <u>31°26'074" N</u> Longitude: <u>90°16'398" W</u> |
| Mailing Address: <u>2441 Herrington Ln SE</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| <u>Ruth</u> MS <u>39662</u> City State Zip Code | <u>SE</u> ¼ <u>NW</u> ¼ Sec <u>2</u> Twn <u>SN</u> Rng <u>9E</u> |
| Telephone No. <u>(601) 833-6884</u> | Distance Direction Nearest Town <u>10</u> Miles <u>SE</u> of <u>Brookhaven</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift Jet <input type="radio"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston <input type="radio"/> Turbine <input type="radio"/> | <u>Electric Motor</u> Hand <input type="radio"/> Tractor PTO <input type="radio"/> |
| Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>1/2</u> |
| Date Pump Installed: <u>11/23/10</u> | Setting Depth: <u>110</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>11/23/10</u> | Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input type="radio"/> Steel Tape <input type="radio"/> |
| Static Water Level (A): <u>79</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>83</u> Feet Below Land Surface | For flowing well, measured shut in head: <u>—</u> feet |
| Drawdown [(B) - (A)]: <u>4</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>4</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 L. HARDIN, LIC. NO. 0-802
 Print Name of Pump Installer and License No. (if applicable) Chay Hardin
Signature of Pump Installer

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 NOV 29 2010
 BY: OLWR