

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: GREEN WATER WELL & SUPPLY, INC.
Date drilling completed: 7-31-12

For Office Use Only:
Aquifer: _____
Well #: R69
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>Synthia Lambert</u>	Latitude: <u>31° 21' 34.8"</u> Longitude: <u>90° 18' 99.3"</u>
Mailing Address: <u>2101 Dear Rd</u>	Method of Lat/Long (circle one): <u>20</u> Conventional Survey, <u>59</u>
<u>Crestal Springs MS 39059</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NW</u> 1/4 <u>SE</u> 1/4 Sec <u>32</u> Twn <u>5N</u> Rng <u>9E</u>
Telephone No. <u>(601) 892-6367</u>	Distance Direction Nearest Town <u>2</u> Miles <u>5</u> of <u>Ruth</u>

Well Data

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

Date well drilling started: 7-31-12 Date well drilling completed: 7-31-12

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

Static Water Level: 50 feet above or below (circle one) land surface Date measured: 7-31-12

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

Hole depth: 108 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.

GREEN WATER WELL & SUPPLY, INC.
BRIAN D. McCLENDON, UNR-00000664

Print Name of Water Well Contractor and License No. Brian McCleendon
Signature of Water Well Contractor

RECEIVED
AUG 08 2012
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 #: R69

Elevation: _____

County: Lincoln

Permit #: _____

Driller: GRENN WATER WELL & SUPPLY, INC.

Date completed: 7/31/12

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

Owner Name: Synthia Lambert

Mailing Address: 2101 Pear Rd

Crystal Springs MS 39059
 City State Zip Code

Telephone No. (601) 892-6367

Well Location

Latitude: 31° 21' 34.8" Longitude: 90° 18' 9.93"

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

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

NW ¼ SE ¼ Sec 32 Twn 5N Rng 9E

Distance Direction Nearest Town

2 Miles S of Ruth

Pump Type Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 7/31/12
 Rated Pump Capacity: 10 Gallons Per Minute

Power Type Circle one

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: 1/2
 Setting Depth: _____ feet
 Number of Stages: _____

Pump Test Data

Date Well Tested: 7/31/12
 Static Water Level (A): 50 Feet Below Land Surface
 Pumping Water Level (B): 56 Feet Below Land Surface
 Drawdown [(B) - (A)]: 6 Feet Below Land Surface
 Test Pumping Rate: 14 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level Circle one

Air Line Electric Measuring Line Steel Tape
 Other (specify): _____
 For flowing well, measured shut in head: _____ feet
 Well yielded 14 GPM with a drawdown of
6 feet after 4 hours of pumping

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 Hardin

Signature of Pump Installer

RECEIVED
 SEP 12 2012
 BY: [Signature]