

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 #: A-237
L. S. Elevation: _____
B-log #: _____

County: Pike
Permit #: _____
Driller: GRENN WATER WELL & SUPPLY, INC.
Date drilling completed: 2/18/09

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>Ashley Stegall</u> | Latitude: <u>31° 19' 38" N</u> Longitude: <u>90° 32' 13" W</u> |
| Mailing Address: <u>6017 Thompson Rd</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Liberty MS 39645</u> | USGS quad: <u>Hand-held GPS, Survey-grade GPS</u> |
| City State Zip Code | <u>SW 1/4 NW 1/4 Sec 7 Twn 4N Rng 7E</u> |
| Telephone No. <u>(601) 551-7011</u> | Distance Direction Nearest Town |
| | <u>5.4 Miles NW of Summit</u> |

Well Data

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

Date well drilling started: 2/18/09 Date well drilling completed: 2/18/09

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

Static Water Level: 69 feet above or below (circle one) land surface Date measured: 2/15/09

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

Hole depth: 117 Well depth: 110 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 100 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 10/10 inches Setting depth: From 100 feet to 110 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

Brian McClendon
Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

RECEIVED
MAR 12 2009
BY: OLWB

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)

County: Fike
 Permit #: _____
 Driller: GRENN WATER WELL & SUPPLY, INC.
 Date completed: 2/19/09

For Office Use Only:

Aquifer: _____
 Well #: A-237
 Elevation: _____

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>Ashley Stegall</u> | Latitude: <u>31° 19' 625"</u> Longitude: <u>90° 32' 133"</u> |
| Mailing Address: <u>6017 Thompson Rd</u> | Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS |
| <u>Liberty MS 39601</u> City State Zip Code | USGS quad <u>SW 1/4 NW 1/4 Sec 7 Twn 4N Rng 7E</u> |
| Telephone No. <u>(601) 551-7011</u> | Distance Direction Nearest Town <u>5 Miles NW of Summit</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine <input type="radio"/> | <u>Electric Motor</u> <input type="radio"/> Hand Tractor PTO <input type="radio"/> |
| Centrifugal Rotary Flowing Well <input type="radio"/> | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>1</u> |
| Date Pump Installed: <u>2/19/09</u> | Setting Depth: <u>100</u> feet |
| Rated Pump Capacity: <u>16</u> Gallons Per Minute | Number of Stages: <u>10</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|--|
| Date Well Tested: <u>2/19/09</u> | Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input type="radio"/> Steel Tape |
| Static Water Level (A): <u>69</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>74</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface | Well yielded <u>18</u> GPM with a drawdown of |
| Test Pumping Rate: <u>18</u> Gallons Per Minute | <u>5</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) William Hardin
Signature of Pump Installer

RECEIVED
 MAR 12 2009
 BY: OLWR