

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: B224
 Well #: _____
 L. S. Elevation: _____
 E-log #: _____

County: Pike
 Permit #: _____
 Driller: GRENN WATER WELL & SUPPLY, INC.
 Date drilling completed: 9/24/10

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>Roy Regan</u>	Latitude: <u>31° 16' 40" N</u> Longitude: <u>90° 24' 40" W</u>
Mailing Address: <u>1151 River Ridge Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Summit</u> MS <u>39666</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SW 1/4 SW 1/4 Sec 28</u> Twn <u>4N</u> Rng <u>8E</u>
Telephone No. <u>(601) 684-1545</u>	Distance Direction Nearest Town <u>3m</u> Miles <u>W</u> of <u>Summit</u>

Well Data

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

Date well drilling started: 9/23/10 Date well drilling completed: 9/23/10

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

Static Water Level: 86 feet above or below (circle one) land surface Date measured: 9/23/10

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

Hole depth: 176 Well depth: 170 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 160 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 160 feet to 170 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

Clay Hardin

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

SEP 27 2010
 BY: OLVF

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: B224

Well #: _____

Elevation: _____

County: Pike

Permit #: _____

Driller: GRENN WATER WELL & SUPPLY, INC.

Date completed: 9/24/10

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>Roy Regan</u>	Latitude: <u>31°16'670"N</u> Longitude: <u>90°24'681"W</u>
Mailing Address: <u>1151 River Ridge Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Summit MS 39666</u>	<u>SW ¼ SW ¼ Sec 28 Twn 4N Rng 8E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 684-1545</u>	<u>3</u> Miles <u>W</u> of <u>Summitt</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u> <input type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal Rotary Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>9/24/10</u>	Setting Depth: <u>135</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>9/24/10</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>86</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>96</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded <u>17</u> GPM with a drawdown of
Test Pumping Rate: <u>17</u> Gallons Per Minute	<u>10</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

RECEIVED
 SEP 25 2010
 BY: OWA