| State   | e Well Report                      | For Office Use Only:               |
|---|------------------------------------|------------------------------------|
| County: Publ  | Part 1                             | For Onice Use Omy:                 |
| Mississippi Depart  | ment of Environmental Quality      | Aquifer:                           |
|   | nd and Water Resources             | Well #: <u>C - // ?</u>            |
| P. GRENN WATER WELL & P.  | O. Box 10631                       |                                    |
| Driller: GRENN WATER WELL & Jackso  | n, MS 39289-0631                   | L. S. Elevation:                   |
| trans artificial activities   | 601)961-5210                       | 72.1                               |
| (60)  | 1)354-6938 (fax)                   | B-log #:                           |
| State Law requires that this report be prepared by 30 days of completion of drilling of the well. |                                    |                                    |
| Well Owner Information  | Wel                                | Location                           |
| Owner Name Denise Rowell  | Latitude: 31.17.64                 | _" Longitude: <u>90 • 16 • 566</u> |
| Mailing Address: 2010 Bryo Rowes Ro   | Method of Lat/Long (circle o       | ne): Conventional Survey,          |
| ,   |                                    | GPS Survey-grade GPS               |
| fayess, Ma. 3964/<br>Ciry State Zip Code  |                                    | 3 Twn 4N Rng 9E                    |
| Telephone No. (601) 320 - 3500  | Distance Direction Miles           | of nicodale                        |
|   | Vell Data                          |                                    |
|   | nly Irrigation Fish Culture        | Other:                             |
| Purpose of Well (circle one Home Industrial Public Sup  | ply Irrigation Fish Culture        | - J                                |
| Date well drilling started: 9/1/07  | Date well drilling completed:      | 1/11/07                            |
| If flowing, method of flow regulation: Valve Or   | her (describe)                     | 0/4/17                             |
| Static Water Level: 74 feet above of below (circle  | one) land surface Date measured    | <u> </u>                           |
| Method of Measurement (circle one) steel tape electri   | c tape air line other:             |                                    |
| Hole depth: 156 Well depth: 150   | Well grouted to a depth of         | 10 RECEIVE                         |
| Type of grout (circle one): Cement Bentonite  | Mix                                | SEP 2 4-2007                       |
| Casing length   | inches Type of casing:             |                                    |
| Screen length: / U feet Screen diameter:  |                                    |                                    |
| Screen slot size:inches Setting depth: I  |                                    |                                    |
| Type of completion (circle all applicable): Gravel packed   |                                    |                                    |
|   |                                    |                                    |
| Top of lap pipe or reduction in casing:fee  |                                    |                                    |
| Logs run (circle all applicable). No log run Electric Gamn  | na Ray Density Sonic Neutron       | Other:                             |
| Name of organization running log(s):  |                                    |                                    |
| I certify that the well was drilled, constructed, and complet                                     | ed in accordance with all applicab | le requirements of the Mississippi |
| Department of Environmental Quality and/or the Mississip  | pi Department of Health regulatio  | ns and state laws.                 |
| GRENN WATER WELL & SUPPLY, INC.   | • _ ^                              | and le                             |

Signature of Water Well Contractor

Brian McClendon, lic. no. 0-664

Print Name of Water Well Contractor and License No.

| Ground Level |             |   |  |
|--------------|-------------|---|--|
|              | <del></del> | 1 |  |
|              |             |   |  |

| From | То  |
|------|-----|
| 0    | 15  |
| 15   | 50  |
| 80   | 142 |
| 148  | 152 |
|      |     |
|      |     |
|      |     |
|      |     |
|      |     |
|      |     |
| -    |     |
|      |     |
| _    | -   |
|      | 15  |

If more than one screen, show location of each on sketch

| aid in locating the well; 3) any roads, power lines, or other items th 4) indicate direction. | at may aid in locating the property and the well; |
|---|---|
| E   | •   |
| house   |   |
| I arive   |   |
|   | •   |

7

Signature of Water Well Contractor

Brian McClendon, lic. no. 0-664 GRENN WATER WELL & SUPPLY, INC.

## STATE WELL REPORT

## County: Permit #: Driller: GRENN WATER WELL SUPPLY, Date completed:

## 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

| For Office Use Only:   |  |
|------------------------|--|
| Aquifer:               |  |
| Well #: <u>C -// 7</u> |  |
| Elevation:             |  |

(601)354-6938 (fax) 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 Location Well Owner Information Longitude: Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS 5W 1/4 SW/4 Sec 23 Twn 42 Distance Direction Telephone No. (61) 321-3500 Power Type **Pump Type** Circle one Circle one Natural Gas Submersible Gasoline Engine Diesel Engine Air Lift Jet **Tractor PTO** Electric Motor Hand Turbine Piston Bucket Flowing Well Other (specify): \_\_\_ Windmill Centrifugal Rotary Horse Power Rating of Motor: \_\_\_\_\_/ Other (specify): Setting Depth: \_ Date Pump Installed: 2 Gallons Per Minute Rated Pump Capacity: Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: Air Line Electric Measuring Line Steel Tape Static Water Level (A): 74 Feet Below Land Surface Other (specify): Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface For flowing well, measured shut in head: \_\_\_\_\_feet GPM with a drawdown of Well yielded Test Pumping Rate: Gallons Per Minute feet after hours of pumping Duration of Pump Test (minimum 4 hours): \_\_\_\_\_hours

| I HEREBY CERTIFY that the above statements are true to the best       | of my knowledge.            |   |
|---|-----------------------------|---|
| GRENN WATER WELL & SUPPLY, INC.<br>Brian D. McClendon, lic. no. 0-664 | Rnan ME Muclen              |   |
| Print Name of Pump Installer and License No. (if applicable)          | Signature of Pump Installer | • |