

County: Amite  
 Permit #: MS-GW-16306  
 Driller: Griner Drilling Service, Inc.  
 Date drilling completed: 11/25/09

**State Well Report**  
**Part 1 - Driller's Log**

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961- 5210  
 (601)961- 5228 (fax)

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: B66  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

*State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.*

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Mary Spring Rural Water Association, Inc.</u>	Latitude: <u>31°15'42.82"N</u> Longitude: <u>90°53'28.37"W</u>
Mailing Address: <u>P.O. Box 888</u>	Method of Lat/Long (check one): Conventional Survey <input type="radio"/>
<u>McComb MS 39649</u>	USGS quad <input type="radio"/> Hand-held GPS <input type="radio"/> Survey-grade GPS <input type="radio"/>
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 34 Twn 4N Rng 03E</u>
Telephone No. ( ) _____	Distance _____ Miles _____ Direction _____ of _____ Nearest Town _____

**Well / Borehole Data**

Date drilling started: 11/17/09 Date drilling completed: 11/25/09 Hole depth: 480' Hole diameter: 26"

Location of the source of any surface water used for drilling: \_\_\_\_\_  
 Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

Logs run (check all applicable): None  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_  
 Name of organization running log(s): Griner Drilling Service, Inc.

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation  Ground Source Heat Pump   
 Seismic Survey  Other (describe) \_\_\_\_\_

*If drilling is not related to water well construction, skip the remainder of this block*

Purpose of Well (check one): Home  Industrial  Public Supply  Irrigation  Fish Culture  Other: \_\_\_\_\_  
 If a flowing well, method of flow regulation: Valve  Other (describe) \_\_\_\_\_

Static Water Level: 189' feet above  or below  land surface Date measured: 04/08/10  
 Method of Measurement (check one) steel tape  electric tape  air line  other: \_\_\_\_\_

Well depth: 460' Well grouted to a depth of 400' feet Type of grout (check one): Neat Cement  Bentonite  Mix

Casing length: 400 feet Casing diameter: 16" inches Type of casing: Steel  
 Screen length: 40' feet Screen diameter: 10 inches Type of screen: 304 Stainless Steel  
 Screen slot size: .020 inches Setting depth: From 410 feet to 450 feet

Type of completion (check all applicable): Gravel packed  Underreamed  Telescoped  Open hole   
 Natural Development  Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: 350 feet. *If telescoped or more than one screen, describe on next page*

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →

see attached

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Note: The test hole for this well was drilled by Water Well Service, Griner did not redrill, but did complete the well.		
See B57		

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) a north arrow.

see attached

Landowner Name: \_\_\_\_\_

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Charles H. Griner Sr.      0-184      09/09/10  
 Print Name of Responsible Licensee and License No.      Date

*Charles H. Griner*  
 Signature of Licensee

County: Amite  
 Permit #: \_\_\_\_\_  
 Driller: Griner Drilling Service, Inc.  
 Date completed: 04/08/10  
*Copy information from block on Part 1*

**STATE WELL REPORT**  
**Part 2**  
**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

**For Office Use Only:**

Acquifer: \_\_\_\_\_  
 Well #: B66  
 Elevation: \_\_\_\_\_

*this part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

<b>Well Owner Information</b>	<b>Well Location</b>
Owner Name: <u>Mary Springs Rural Water Association, Inc.</u>	Latitude: <u>31°15'42.82"N</u> Longitude: <u>90°53'28.37"W</u>
Mailing Address: <u>P.O. Box 888</u>	Method of Lat/Long (check one): Conventional Survey <input type="radio"/>
<u>McComb MS 39649</u>	USGS quad <input type="radio"/> Hand-held GPS <input type="radio"/> Survey-grade GPS <input type="radio"/>
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 34 T 4N R 02E</u>
Telephone No. ( ) _____	Distance Direction Nearest Town _____ Miles _____ of _____

<b>Pump Type</b> Check one	<b>Power Type</b> Check one
Air Lift <input type="radio"/> Jet <input type="radio"/> Submersible <input type="radio"/>	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/>
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine <input checked="" type="radio"/>	Electric Motor <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>04/07/10</u>	Setting Depth: <u>270'</u> feet
Rated Pump Capacity: <u>400</u> Gallons Per Minute	Number of Stages: <u>3</u>

<b>Pump Test Data</b>	<b>Method of Measuring Water Level</b> Check one
Date Well Tested: <u>04/08/10</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>189'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>245</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>56</u> Feet Below Land Surface	Well yielded <u>400</u> GPM with a drawdown of
Test Pumping Rate: <u>400</u> Gallons Per Minute	<u>60.33</u> feet after <u>24</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

This is for (check one): New Well  Replacement of Existing Pump  Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Charles H. Griner Sr.      0-184  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

B66  
Amite Co.

MARY SPRINGS WATER  
PERMANENT WELL AS BUILT



