

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)

County: Amite
Permit #: MS-CW-16915
Driller: Griner Drilling Service, Inc.
Date drilling completed: 11/13/14

For Office Use Only:
Aquifer: _____
Well #: E140
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>Northeast Amite Water Association</u>	Latitude: <u>31 ° 17 ' 12.09"</u> Longitude: <u>90 ° 35 ' 40.97"</u>
Mailing Address: <u>PO Box 1471</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , <u>USGS quad</u> , <u>Hand-held GPS</u> , <u>Survey-grade GPS</u>
<u>McComb</u> MS <u>39649</u>	<u>SE 1/4 NW 1/4</u> Sec <u>27</u> Twn <u>4N</u> Rng <u>6E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>7</u> Miles <u>W</u> of <u>intersection of I55 & Hwy 540</u>

Well / Borehole Data

Date drilling started: 10/14/14 Date drilling completed: 11/13/14 Hole depth: 420 Hole diameter: 21.5"

Location of the source of any surface water used for drilling: N/A

Method of dosing and volume of Chlorine used in drilling and development: Injected into circulating pits

Logs run (circle all applicable): No log run 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: 45.91 feet above or below (circle one) land surface Date measured: 12/16/14

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

Well depth: 202' Well grouted to a depth of 148 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 148 feet Casing diameter: 16 inches Type of casing: A53B Steel

Screen length: 44 feet Screen diameter: 10 inches Type of screen: Red Base Stainless Steel

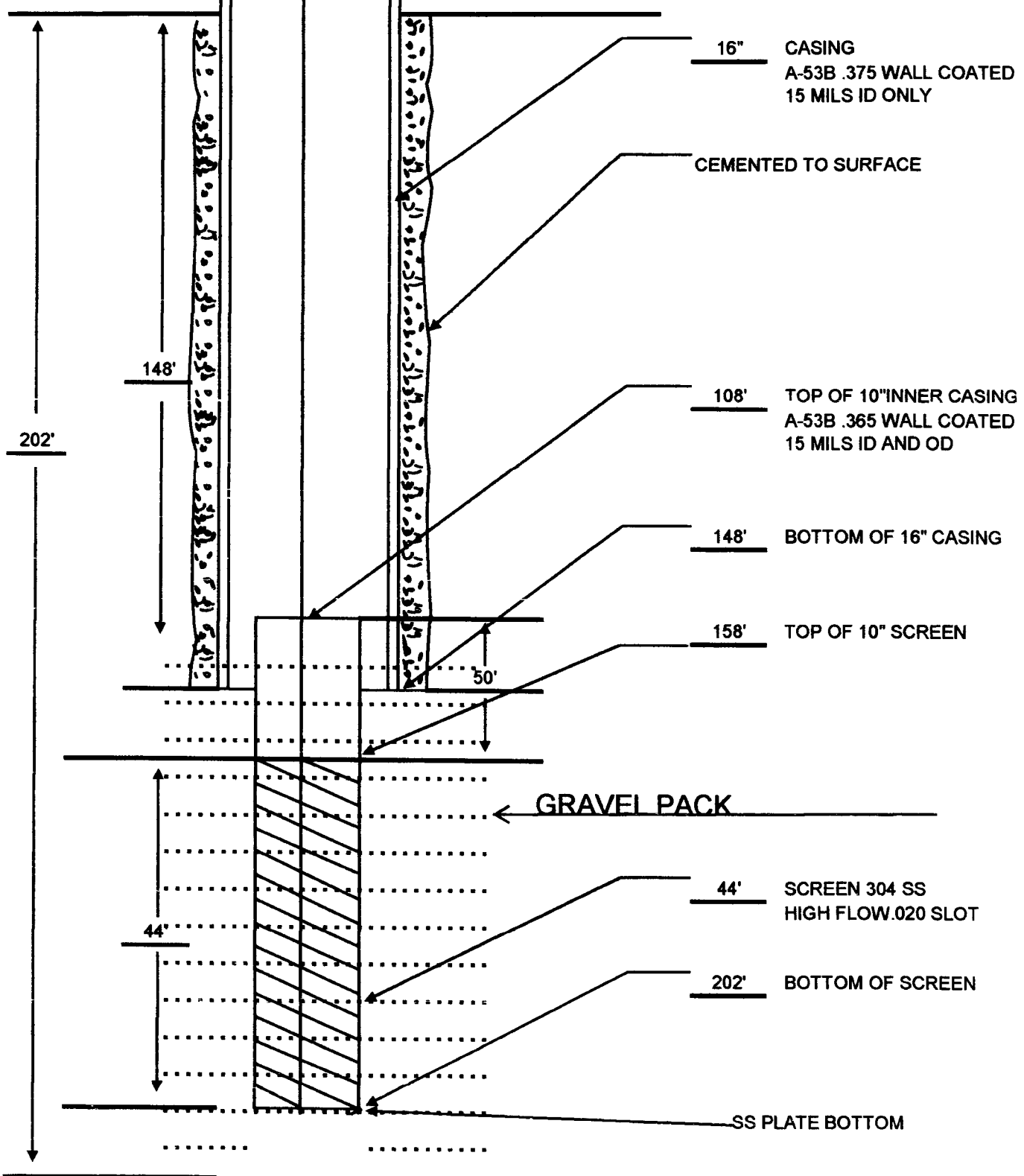
Screen slot size: .020 inches Setting depth: From 158 feet to 202 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: 108 feet. *If telescoped or more than one screen, describe on next page*

NE AMITE WATER WELL RECOMMENDATION 10 22 2014



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)

County: Amite
 Permit #: MS-OLW-16915
 Driller: Griner Drilling Service, Inc.
 Date completed: 2/5/16
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: E14C
 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.

Well Owner Information	Well Location
Owner Name: <u>Northeast Amite Water Association</u>	Latitude: <u>31 17' 12.09"N</u> Longitude: <u>90 35' 40.97"W</u>
Mailing Address: <u>PO Box 1471</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>McComb, MS 39649</u> City State Zip Code	<u>SE 1/4 NW 1/4 Sec 27 T 4 N R 6 E</u>
Telephone No. (____) _____	Distance Direction Nearest Town <u>7 Miles W of Intersection of I55 & Hwy 540</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>3/23/15</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>400</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12/16/14</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>45.91</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>89.62</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>43.72</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>43.72</u> feet after <u>24</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

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

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