

County: Covington
 Permit #: MS-GW-16713
 Driller: Griner Drilling Service
 Date drilling completed: July 15, 2010

State Well Report

Part I - 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 #: A48
 L. S. Elevation: 514'
 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>North Covington Water Asso</u>	Latitude: <u>31 42' 21.32"N</u> Longitude: <u>89 40' 56.46"W</u>
Mailing Address: <u>Post Office Box 8</u>	Method of Lat/Long (check one): Conventional Survey <input type="radio"/>
<u>Mt. Olive MS 39119</u>	USGS quad <input type="radio"/> Hand-held GPS <input checked="" type="radio"/> Survey-grade GPS <input type="radio"/>
City State Zip Code	<u>SE 1/4 NW 1/4 Sec 35 Twn 9N Rng 17W</u>
Telephone No. (<u>601</u>) <u>797-4347</u>	Distance Direction Nearest Town <u>10</u> Miles <u>West</u> of <u>Mt Olive</u>

Well / Borehole Data

Date drilling started: 4-26-10 Date drilling completed: 7-15-10 Hole depth: 350 Hole diameter: 25

Location of the source of any surface water used for drilling: North Covington Water Association

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: 131 feet above or below land surface Date measured: 10-22-10

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

Well depth: 310 Well grouted to a depth of 250 feet Type of grout (check one): Neat Cement Bentonite Mix

Casing length: 250 feet Casing diameter: 20 inches Type of casing: Steel Coated I.D.

Screen length: 50 feet Screen diameter: 12 inches Type of screen: Rod Base 304

Screen slot size: .020 inches Setting depth: From 260 feet to 310 feet


Type of completion (check all applicable): Gravel packed Underreamed Telescoped Open hole

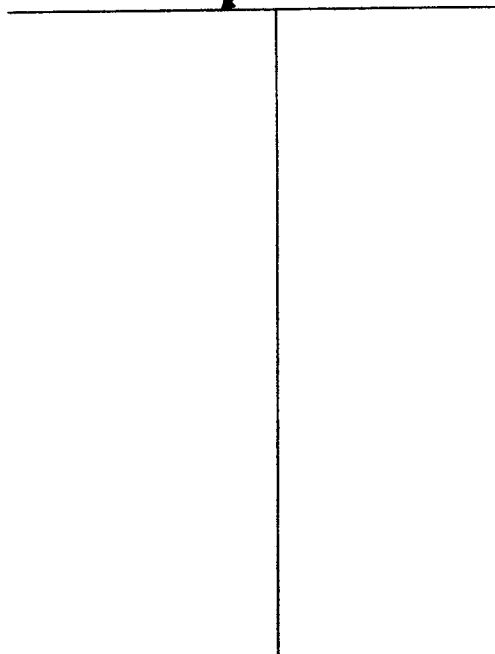
Natural Development Other (describe): _____

Top of lap pipe or reduction in casing: 210 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 



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)
Clay & Sand	Ground Level	21
Sand & Clay	21	42
Sand & Clay	42	63
Clay	63	84
Clay & Sand	84	105
Clay & Sand	105	126
Clay	126	147
Clay	147	168
Clay	168	189
Clay	189	210
Clay & Sand	210	232
Clay & Sand	232	253
Sand	253	274
Sand	274	295
Sand & Pea Gravel	295	316
Sand & Rock	316	335
Clay & Rock	335	356

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

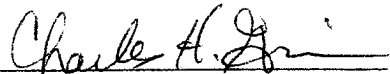
Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.

Landowner Name: North Covington Water Association

Form: OLWR-SWR-1A (04/08)

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



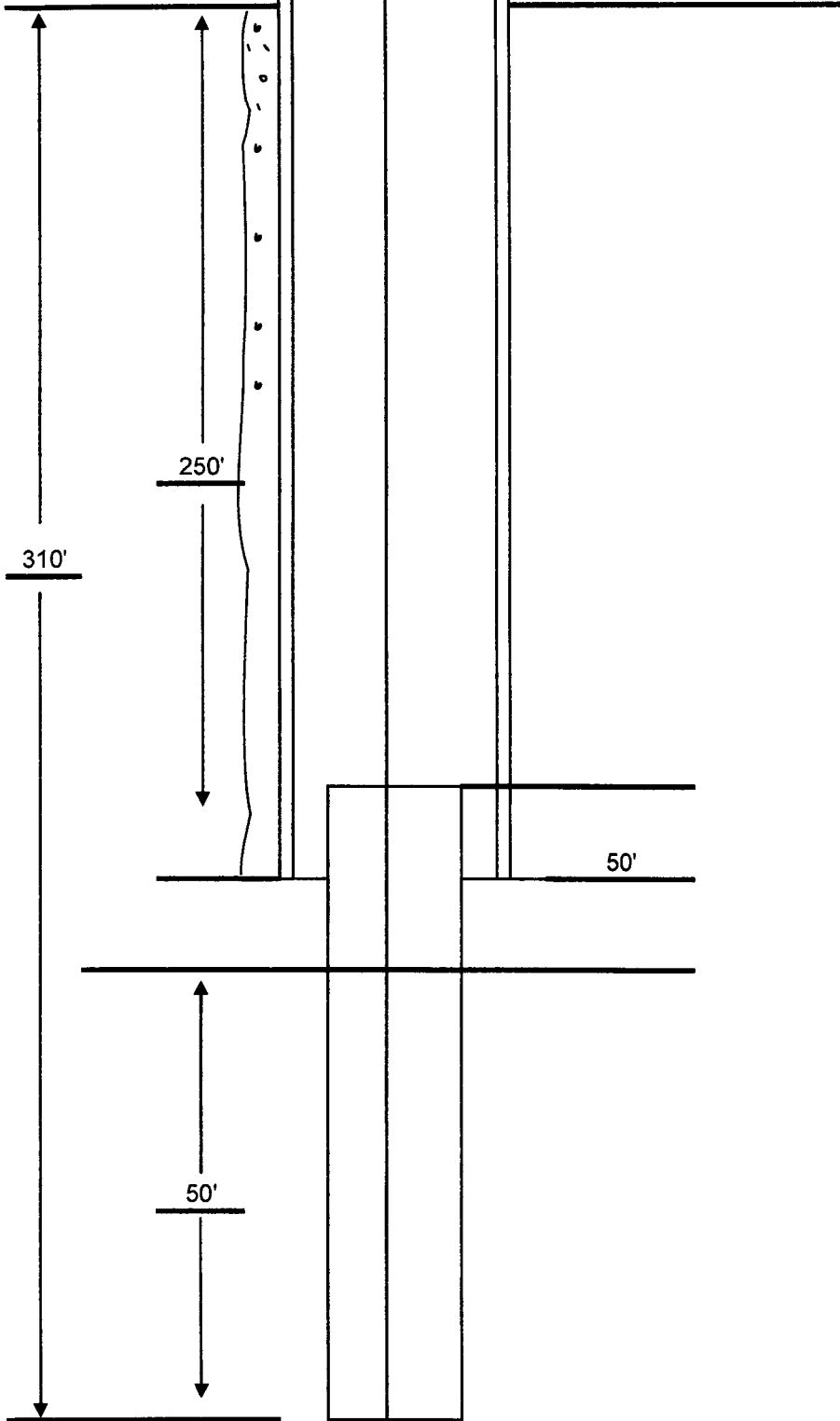
Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

A48
Covington Co.

North Covington Water Association
Cooley Springs Road
Potable Water Well
2010



20" CASING
Coated I.D.

CEMENTED TO SURFACE

12 3/4" LAP PIPE
Stainless Steel

250' BOTTOM OF CASING

260' TOP OF SCREEN

12 3/4" SCREEN

310' BOTTOM OF SCREEN

PLATE BOTTOM
Stainless Steel

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: Covington
 Permit #: MS-60-16713
 Driller: Griner Drillins Ser
 Date completed: 10-22-10
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: A48
 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>North Covington Water Asso</u>	Latitude: <u>31 42' 21.32 N</u> Longitude: <u>89 40' 56.46W</u>
Mailing Address: <u>Post Office Box 8</u>	Method of Lat/Long (check one): Conventional Survey <input type="radio"/>
<u>Mt. Olive MS 39119</u>	USGS quad <input type="radio"/> Hand-held GPS <input checked="" type="radio"/> Survey-grade GPS <input type="radio"/>
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>35</u> T <u>9N</u> R <u>17W</u>
Telephone No. <u>(601) 797-4347</u>	Distance Direction Nearest Town <u>10</u> Miles <u>West</u> of <u>Mt. Olive</u>

Pump Type Check one	Power Type 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>40</u>
Date Pump Installed: <u>10-22-10</u>	Setting Depth: <u>190</u> feet
Rated Pump Capacity: <u>650</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Check one
Date Well Tested: <u>8-10-10</u>	Air Line <input type="radio"/> Electric Measuring Line <input checked="" type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>131.40</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>144.90</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>13.5</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>650</u> Gallons Per Minute	
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 Charles H. Griner Sr.
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer