

County: Covington  
 Permit #: GW 170001  
 Driller: Griner Drilling Service  
 Date drilling completed: March 13, 2013

**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 #: F58  
 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>Southwest Covington Utility Association</u>	Latitude: <u>31 36' 55.87N</u> Longitude: <u>89 33' 47.47W</u>
Mailing Address: <u>Post Office Box 160</u>	Method of Lat/Long (check one): Conventional Survey <input type="radio"/>
<u>Seminary MS 39479</u>	USGS quad <input type="radio"/> Hand-held GPS <input checked="" type="radio"/> Survey-grade GPS <input type="radio"/>
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 36</u> / <u>Twn 8W</u> / <u>Rng 16W</u>
Telephone No. <u>(601) 722-4447</u>	Distance Direction Nearest Town
	<u>5</u> Miles <u>SW</u> of <u>Collins</u>

**Well / Borehole Data**

Date drilling started: 2-6-13 Date drilling completed: 3-13-13 Hole depth: 900 Hole diameter: 15

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: 187 feet above  or below  land surface Date measured: 4-29-13

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

Well depth: 786 Well grouted to a depth of 745 feet Type of grout (check one): Neat Cement  Bentonite  Mix

Casing length: 745 feet Casing diameter: 10.75 inches Type of casing: Steel Coated

Screen length: 30 feet Screen diameter: 6.625 inches Type of screen: munipak

Screen slot size: .016 inches Setting depth: From 756 feet to 786 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: 674 feet. *If telescoped or more than one screen, describe on next page*



County: Covington  
 Permit #: \_\_\_\_\_  
 Driller: Griner Drilling Service, Inc.  
 Date completed: 6-1-13  
*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:**

Aquifer: \_\_\_\_\_  
 Well #: F58  
 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.*

<p align="center"><b>Well Owner Information</b></p> <p>Owner Name: <u>Southwest Covington Utility Association</u>          Mailing Address: <u>Post Office Box 160</u>  <u>Seminary Ms 39479</u>          City State Zip Code          Telephone No. <u>(601) 722-4447</u></p>	<p align="center"><b>Well Location</b></p> <p>Latitude: <u>31 36' 55.87N</u> Longitude: <u>89 33' 47.47"W</u>          Method of Lat/Long (check one): Conventional Survey <input type="radio"/>,          USGS quad <input type="radio"/>, Hand-held GPS <input checked="" type="radio"/>, Survey-grade GPS <input type="radio"/>  <u>      </u> <math>\frac{1}{4}</math> <u>      </u> <math>\frac{1}{4}</math> Sec <u>36</u> T <u>8W</u> R <u>16W</u>          Distance Direction Nearest Town  <u>5</u> Miles <u>SW</u> of <u>Collins</u></p>
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<p align="center"><b>Pump Type</b> Check one</p> <p>Air Lift <input type="radio"/> Jet <input type="radio"/> Submersible <input checked="" type="radio"/>          Bucket <input type="radio"/> Piston <input type="radio"/> Turbine <input type="radio"/>          Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well <input type="radio"/>          Other (specify): _____          Date Pump Installed: <u>4-10-13</u>          Rated Pump Capacity: <u>350</u> Gallons Per Minute</p>	<p align="center"><b>Power Type</b> Check one</p> <p>Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/>          Electric Motor <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>          Windmill <input type="radio"/> Other (specify): _____          Horse Power Rating of Motor: <u>40</u>          Setting Depth: <u>297</u> feet          Number of Stages: <u>4</u></p>
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<p align="center"><b>Pump Test Data</b></p> <p>Date Well Tested: <u>4-29-13</u>          Static Water Level (A): <u>187</u> Feet Below Land Surface          Pumping Water Level (B): <u>232</u> Feet Below Land Surface          Drawdown [(B) - (A)]: <u>45</u> Feet Below Land Surface          Test Pumping Rate: <u>445</u> Gallons Per Minute          Duration of Pump Test (minimum 4 hours): <u>8</u> hours</p>	<p align="center"><b>Method of Measuring Water Level</b> Check one</p> <p>Air Line <input type="radio"/> Electric Measuring Line <input checked="" type="radio"/> Steel Tape <input type="radio"/>          Other (specify): _____          For flowing well, measured shut in head: _____ feet          Well yielded <u>445</u> GPM with a drawdown of  <u>45</u> feet after <u>8</u> hours of pumping</p>
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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