

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 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: L47
Aquifer: _____
E-Log #: _____

County: Covington
Permit #: MS-GW-16868
Driller: Griner Drilling Service
Date drilling completed: 3-15-11

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.

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Williams Pipeline</u>	Latitude: <u>31 26 50.52"N</u> Longitude: <u>89 24 34.96"W</u> <u>40-52</u> <u>35</u>
Mailing Address: <u>421 Salt Dome Road</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey <input type="checkbox"/> <i>John WTB</i>
Seminary MS 39479	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 NW 1/4, Sec 4 T 7N R 14W</u>
Telephone No. (<u>601</u>) <u>722-3935</u>	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

John WTB
JAM
8-28-15

Well / Borehole Data
Date drilling started: <u>2-26-11</u> Date drilling completed: <u>3-15-11</u> Hole depth: <u>500'</u> Hole diameter: <u>30"</u>
Location of the source of any surface water used for drilling: <u>SW Jones</u>
Method of dosing and volume of Chlorine used in drilling and development: _____
Logs run (circle all applicable): No log run <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): <u>Griner Drilling Service, Inc</u>
Purpose of borehole (circle one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (circle all applicable): Home <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): <u>Knight Site Location</u>
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>156</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>3-15-11</u> (circle one)
Method of measurement (circle one): Steel tape <input checked="" type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>330</u> Well grouted to a depth of: <u>250</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Mix
Casing length: <u>250</u> feet Casing diameter: <u>24</u> inches Type of casing: <u>A 53</u>
Screen length: <u>70</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>304 Rod Base</u>
Screen slot size: <u>.020</u> inches Setting depth: From <u>260</u> feet to <u>330</u> feet
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development
Other (describe): _____
Top of tap pipe or reduction in casing: <u>0</u> feet
<i>If telescoped or more than one screen, describe on next page</i>

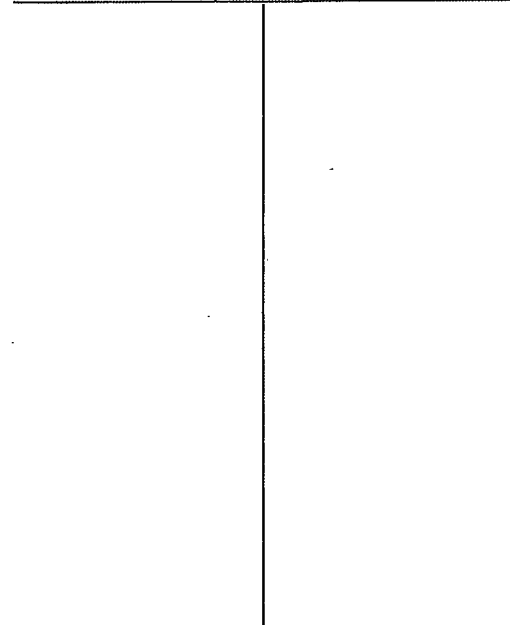
County: Covington
 Permit #: MS-6W-16868

For Office Use Only:
 Well #: LA7

The sketch below only required for water wells

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

If well telescopes, show depths on sketch.

Ground Level


Description of Formations Encountered	From (depth)	To (depth)
top soil- Sand	Ground level	80
Clay	80	210
Sand	210	338
Clay	338	500

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) north arrow

Google Earth Attached

Landowner Name: Williams Pipeline

I HEREBY 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 Jr. 8-12-11 Charles H. Griner Jr.
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

County: Covington
 Permit #: GW 16868
 Driller: Griner Drilling
 Date completed: May 2011
Copy information from block on Part 1

For Office Use Only:

Well #: L47
 Aquifer: _____

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>Williams Pipeline</u>	Latitude: <u>31 36 11.4 24" N</u> Longitude: <u>89 25 31.21" W</u>
Mailing Address: <u>421 Salt Dome Road</u>	Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Seminary</u> MS <u>39479</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NE 1/4 NW 1/4, Sec 34 T 7N R 14W</u>
Telephone No. (<u>601</u>) <u>722</u> <u>3935</u>	Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): gpm

Date Pump Installed: 3-29-11 Rated Pump Capacity: 800 1000 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement will pump 800-1500 gpm - they requested 1000 gpm

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 150 Setting Depth: 320 feet Number of Stages: 7

Pump Test Data for Non Flowing Well

Date Well Tested: 5-5-11 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 237 Feet Below Land Surface Pumping Water Level (B): 290 Feet Below Land Surface

Drawdown [(B) - (A)]: 53 Feet Below Land Surface Test Pumping Rate: 800 Gallons Per Minute

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: NA Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: _____

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: _____ Meter installed by: _____

Is This Meter (circle one): New Repaired Replacement

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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

Print Name of Pump Installer and License No. (if applicable) _____ Date _____ Signature of Pump Installer Charles Dennis