

COUNTY WELL LOCATED
Forest

WELL NUMBER
B-134

CODED

DATE WELL COMPLETED
12/30/02

OK Spot 103

PERMIT NUMBER
GW15728

NAME OF DRILLING FIRM
GRINER DRILLING SERVICE

PO DRAWER 825
COLUMBIA, MS 39429

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
WATER WELL DRILLERS LOG

NAME & MAILING ADDRESS OF LANDOWNER
Glendale Utility District

2805 Glendale Avenue
Hattiesburg, MS. 39429

Latitude:
Longitude:

WELL LOCATION SEC TOWNSHIP RANGE
17 **5** **(N) S** **13** **E (W)**

DISTANCE DIRECTION NEAREST TOWN
4 Miles **NW** of **Hattiesburg**

OTHER LANDMARK

WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond
municipal

PUMP DATA

PUMP TYPE (Circle One):
Submersible, (Turbine), Jet, Flowing Well,
Other (Describe)

POWER TYPE (Circle One):
(Electric), Tractor, Diesel, Gasoline, Butane,
Other (Describe) **HP 50**

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
sand	0	140
clay	140	339
sand	339	498
clay	498	537
sand	537	619
clay	619	718
sand	718	753
clay	753	816
sand	816	897
clay	897	908

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BY: OLWR

Top of Lap Pipe or Reduction in Casing
754 FEET IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

15728

WELL DATA

Well Depth 875	Casing Diameter (in.) 12"	Casing Length (FL.) 830
Type of Casing steel	Hole Depth 835	Depth to Static Water Level 149.78

TYPE OF COMPLETION: (Circle One or More):
(Gravel Packed,) (Underscreened,) Telescoped,
Natural Development, Open Hole, Other
(Describe)

WELL GROUTED TO A DEPTH OF **830 FEET**
Type Grout (circle one): Cement, Bentonite, or (Mix)

SCREEN DATA

Diameter - Inches 8	Length - Feet 40	Slot Screen - Inches 0.02
Screen Type rod base	Depth to Bottom - Feet 875	

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

Charles H. [Signature] 0-581
Signature of Licensed Driller and License No.

12/31/02
Date

Addition Information Required on Back