

County: Forrest

Permit #: MS-6W-1629Z

Driller: Griner Drilling Service Inc.

Date drilling completed: 7/3/2006

**Well Driller Report and Well Log**

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601) 961-5210  
 (601) 354-6938 (fax)

**For Office Use Only:**

Aquifer: \_\_\_\_\_

Well #: B-150

L.S. Elevation: \_\_\_\_\_

E-Log #: \_\_\_\_\_

**State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.**

Well Owner Information	Well Location
Owner Name <u>Enterprise Products</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1265 Hwy 11</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS
Petal <u>MS</u> <u>39465</u>	<u>1/4</u> <u>1/4</u> Sec <u>24</u> <u>SW</u> Rng <u>13W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>(601) 582-7381</u>	<u>3</u> Miles <u>N</u> of <u>Petal on Hwy 11</u>

**Well Data**

Purpose of Well (circle one) Home (Industrial) Public Supply Irrigation Fish Culture Other: #1

Date well drilling started: 3/1/2006 Date well drilling completed: 7/3/2006

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 90' feet above or below (circle one) land surface Date measured: 7/3/2006

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

Hole depth: 350' Well depth: 315' Well grouted to a depth of 207' feet

Type of grout (circle one) (Cement) Bentonite Mix

Casing length: 207' feet Casing diameter 20" inches Type of casing: steel

Screen length: 100' feet Screen diameter 16" inches Type of screen: 304 stainless

Screen slot size: .020" inches Setting depth: From 215' feet to 315' 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: NA feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run (Electric) (Gamma Ray) Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): Griner Drilling Service

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.

**RECEIVED**

OCT 26 2007

Griner Drilling 0-581  
 Print Name of Water Well Contractor and License No.

Chad H. [Signature]  
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths



# STATE WELL REPORT

## Part 2 Pump Installer's Completion Report

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

County: <u>Forrest</u>
Permit #: <u>GW16292</u>
Driller: <u>Griner Drilling Service</u>
Date Completed: <u>7/3/2006</u>

For Office Use Only:	
Aquifer: _____	Well #: <u>B-150</u>
Elevation: _____	

**This report must be prepared by the pump installer in detail and filed with the Department with 30 days of the installation of pump. A copy of Part 1 of this report must be attached to the report.**

Well Owner Information	Well Location																										
Owner Name <u>Enterprise Products</u>	Latitude: _____ Longitude: _____																										
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Pump Type Circle one	Power Type Circle one																														
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Number of Stages: <u>5</u>																															
Date Pump Installed: <u>7/3/2006</u>																															
Rated Pump Capacity: <u>1000</u> Gallons per minute																															

Pump Test Data	Method of Measuring Water Level Circle One						
Date Well Tested: <u>7/3/2006</u>	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Air Line</td> <td style="border: none;"><input type="checkbox"/> (Electric Measuring Line)</td> <td style="border: none;"><input type="checkbox"/> Steel Tape</td> </tr> <tr> <td colspan="3" style="border: none;">Other (specify): _____</td> </tr> </table>	Air Line	<input type="checkbox"/> (Electric Measuring Line)	<input type="checkbox"/> Steel Tape	Other (specify): _____		
Air Line	<input type="checkbox"/> (Electric Measuring Line)	<input type="checkbox"/> Steel Tape					
Other (specify): _____							
Static Water Level (A): <u>90'</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet						
Pumping Water Level (B) <u>150'</u> Feet Below Land Surface	Well yielded <u>1000</u> GPM with a drawdown of						
Drawdown {(B) - (A)} : <u>60'</u> Feet Below Land Surface	<u>60'</u> feet after <u>4</u> hours of pumping						
Test Pumping Rate: <u>1000</u> Gallons Per Minute							
Duration of Pump test (minimum 4 hours) : <u>4</u> hours							

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

<u>Griner Drilling 0-581</u> Print Name of Pump Installer and License No. (if applicable)	<u>Chad H. [Signature]</u> Signature of Pump Installer
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OCT 28 2007

BY: OLWR