

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)

County: Forrest
Permit #: 0180004MS-GW-16357
Driller: Griner Drilling Service
Date drilling completed: 08/02/07

For Office Use Only:

Well #: C0105
Aquifer: MOCN
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.

Well Owner Information <i>(Landowner if borehole is not for a water well)</i>			Well or Borehole Location	
Owner Name: <u>Barrontown Utility Association</u>			Latitude: <u>31° 21' 27.12"N</u> Longitude: <u>89° 9' 14.25"W</u>	
Mailing Address: <u>101 Dogwood Lane</u>			Method of Lat/Long (check one): Conventional Survey _____,	
			USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
<u>Petal</u>	<u>MS</u>	<u>39465</u>	<u>SW</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$, Sec <u>36</u> T <u>5N</u> R <u>12W</u>	
City	State	Zip Code	<u>2.7</u> Miles <u>SW</u> of <u>Runnelstown</u>	
Telephone No. (____) _____			<i>(Distance) (Direction) (Nearest Town)</i>	

Well / Borehole Data	
Date drilling started: <u>05/02/07</u>	Date drilling completed: <u>06/13/07</u> Hole depth: <u>940'</u> Hole diameter: <u>18.50"</u>
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 (circle all applicable): No log run <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): _____	
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 type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/>	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>149</u> feet [above or below] land surface Date measured: <u>03/27/08</u> <i>(circle one)</i>	
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>690'</u> Well grouted to a depth of: <u>630'</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix <input type="checkbox"/>	
Casing length: <u>630</u> feet Casing diameter: <u>12.75</u> inches Type of casing: <u>Steel</u>	
Screen length: <u>40</u> feet Screen diameter: <u>8</u> inches Type of screen: <u>Munipak</u>	
Screen slot size: <u>.020</u> inches Setting depth: From <u>640</u> feet to <u>680</u> feet	
Type of completion (circle all applicable): Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development <input type="checkbox"/>	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>560</u> feet	

If telescoped or more than one screen, describe on next page

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: Forrest
Permit #: 0180001 MS-GW-16357
Driller: Griner Drilling Service
Date completed: 08/02/07
Copy information from block on Part 1

For Office Use Only:
Well #: C0105
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>Barrontown Utility Association</u>			Latitude: <u>31° 21' 27.12"N</u> Longitude: <u>89° 9' 14.25"W</u>		
Mailing Address: <u>101 Dogwood Lane</u>			Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____		
<u>Petal</u>	<u>MS</u>	<u>39465</u>	<u>SW</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$, Sec <u>36</u> T <u>5N</u> R <u>12W</u>		
City	State	Zip Code	<u>2.7</u> Miles <u>SW</u> of <u>Runnelstown</u>		
Telephone No. (____) _____			(Distance) (Direction) (Nearest Town)		

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 08/02/07 Rated Pump Capacity: 500 Gallons Per Minute
Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
Horse Power Rating of Motor: 75 Setting Depth: 273 feet Number of Stages: 2

Pump Test Data for Non Flowing Well
Date Well Tested: 03/27/08 Duration of Pump Test (minimum 4 hours): 5 hours
Static Water Level (A): 149 Feet Below Land Surface Pumping Water Level (B): 211 Feet Below Land Surface
Drawdown [(B) - (A)]: 62 Feet Below Land Surface Test Pumping Rate: 524 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: _____ 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.
Charles H. Griner 0-184 05/26/17 Charles H. Griner
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer



PHONE (601) 736-6347 FAX (601) 731-1853
 1014 HIGHWAY 98 BYPASS
 COLUMBIA, MS 39429

PUMPING TEST

DATE March 27, 2008 FORMATION Miocene COUNTY Forest
 WELL OBSERVED No. 6 Henserling Road OWNER Barrontown Utility
 WELL PUMPED No. 6 Henserling Road AVERAGE DISCHARGE 530 GPM
 RADIUS _____ PUMP ON _____ BY 6" x 5" Orifice
 M.P. 2' Above Ground Level PUMP OFF _____ STATIC _____

TIME	T (MINS.)	T (MINS.)	TAPE HELD	WETTED	WATER LEVEL	PSI	IN	GPM
9:00					148.5	78	18.5	530
11:15					209	78	18.5	530
11:30					210	78	18.5	530
11:45					210	78	18.5	530
12:00					210	78	18.5	530
12:15					210	78	18.5	530
12:30					210	78	18.5	530
12:45					210	78	18.5	530
1:00					210	78	18.5	530
1:15					210.5	78	18	524
1:30					210.5	78	18	524
1:45					211	78	18	524
2:00					211	78	18	524
2:15					211	78	18	524

OBSERVER S. Chance & C. Bridges