

County: Forrest 035  
 Permit # : \_\_\_\_\_  
 Driller: Griner Drilling Ser.  
 Date drilling completed: 12/7/2004

**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 #: J-35  
 L.S. Elevation: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

*Griner Drilling Service, Inc.*  
 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>Camp Shelby Training Site</u>	Latitude: _____ " _____ Longitude: _____ "
Mailing Address: <u>1001 Lee Avenue</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS
<u>Camp Shelby MS 39407</u>	<u>1/4</u> _____ <u>1/4</u> Sec <u>1</u> Twn <u>2n</u> Rng <u>12w</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. ( ) _____	<u>10</u> Miles <u>south</u> of <u>Hattiesburg</u>

**Well Data**

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

Date well drilling started: 12/4/2004 Date well drilling completed: 12/7/04

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

Static Water Level: 212 feet above or (below) (circle one) land surface Date measured: 12/11/04

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

Hole depth: 520 Well depth: 520 Well grouted to a depth of 450 feet

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

Casing length: 500 feet Casing diameter 4 inches Type of casing: steel

Screen length: 20 feet Screen diameter 4 inches Type of screen: stainless

Screen slot size 0.01 inches Setting depth: From 500 feet to 520 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: 0 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, Inc.

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.

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

Chal H. P.  
 Signature of Water Well Contractor

**RECEIVED**  
**MAR 23 2005**  
**BY: OLWR**

If well telescopes please sketch below and show depths



**STATE WELL REPORT**

**Part 2**

**Pump Installer's Completion Report**

County: <u>Forrest</u>
Permit #: _____
Driller: _____
Date Completed: <u>12/11/2004</u>

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)

<b>For Office Use Only:</b>	
Aquifer: _____	
Well #: <u>J-35</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.**

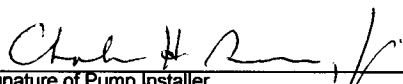
<b>Well Owner Information</b>	<b>Well Location</b>
Owner Name <u>Camp Shelby Training Site</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1001 Lee Avenue</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Camp Shelby</u> <u>MS</u> <u>39407</u>	<u>1/4</u> <u>1/4</u> <u>1</u> <u>2n</u> <u>12w</u>
City State Zip Code	Distance Direction Nearest Town 10 Miles south of Hattiesburg Range Control well
Telephone No. _____	

<b>Pump Type</b> Circle one	<b>Power Type</b> Circle one
Air Lift Jet (Submersible)	Diesel Engine Gasoline Engine Natural Gas
Bucket Piton Turbine	(Electric Motor) Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>12/11/2004</u>	Setting Depth: <u>378</u> feet
Rated Pump Capacity: <u>35</u> Gallons per minute	Number of Stages: <u>3</u>

<b>Pump Test Data</b>	<b>Method of Measuring Water Level</b> Circle One
Date Well Tested: <u>12/11/2004</u>	Air Line (Electric Measuring Line) Steel Tape
Static Water Level (A): <u>212</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>222</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown {(B) - (A)}: <u>10</u> Feet Below Land Surface	Well yielded <u>35</u> GPM with a drawdown of
Test Pumping Rate: <u>35</u> Gallons Per Minute	<u>10</u> feet after <u>4</u> hours of pumping
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.

Griner Drilling Service, Inc. 0-581  
Print Name of Pump Installer and License No. (if applicable)

  
Signature of Pump Installer

**RECEIVED**  
MAR 23 2005  
BY: OLWR