

County: George
 Permit #: GW-16024
 Driller: Griner Drilling Service
 Date drilling completed: 11/22/2005

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 #: M-166
 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>Combined Utilities</u>	Latitude: _____ " Longitude: _____ "
Mailing Address: <u>PO Box 26</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS
<u>Lucedale, MS 39452</u>	<u>1/4</u> <u>1/4</u> Sec <u>6</u> Twn <u>3</u> S Rng <u>5W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>0</u> Miles Direction: <u>south</u> of Nearest Town: <u>Agricola</u>
Telephone No.: <u>601-947-8411</u>	

Well Data

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

Date well drilling started: 6/1/2005 Date well drilling completed: 11-22-05

If flowing, method of flow regulation: _____ Other (describe) _____

Static Water Level: 169.08 feet above or (below) (circle one) land surface Date measured: 11-22-05

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

Hole depth: 1190 Well depth: 1180 Well grouted to a depth of 1115 feet

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

Casing length: 1115 feet Casing diameter: 14 inches Type of casing: Steel

Screen length: 60 feet Screen diameter: 8 inches Type of screen: Rod Base

Screen slot size: 0.016 inches Setting depth: From 1120 feet to 1180 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: 1040 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.

Chad H. R...
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths

Ground Level

Description of Formations Encountered

From

To

[Empty space for sketching ground level formations]

sand	0	206
clay	206	294
sand	294	328
clay	328	701
sand	701	802
clay	802	1111
sand	1111	1457

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) indicate direction.

Agricola site beside school.

Landowner Name: Combined Utilities

Charl H. D...
 Signature of Water Well Contractor

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County:	George
Permit #:	
Driller:	Griner Drilling Service
Date Completed:	12/4/2006

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Office of Land and Water Resources
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For Office Use Only:	
Aquifer:	
Well #:	M-166
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>Combined Utilities</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>PO box 26</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Lucedale, MS 39452</u>	<u>1/4</u> _____ <u>1/4</u> Sec <u>6</u> Twn <u>3</u> S Rng <u>5</u> W
City: _____ State: _____ Zip Code: _____	Distance: _____ Direction: _____ Nearest Town: _____
Telephone No.: <u>601-947-8411</u>	<u>0</u> Miles <u>south</u> of <u>agricola</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="checkbox"/> Jet <input type="checkbox"/> Submersible	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
Bucket: <input type="checkbox"/> Piton <input type="checkbox"/> (Turbine)	(Electric Motor) <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
Centrifugal: <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>100</u>
Date Pump Installed: <u>2/1/2006</u>	Setting Depth: <u>300</u> feet
Rated Pump Capacity: <u>700</u> Gallons per minute	Number of Stages: <u>6</u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: <u>11/22/2005</u>	Air Line <input type="checkbox"/> (Electric Measuring Line) <input type="checkbox"/> Steel Tape <input checked="" type="checkbox"/>
Static Water Level (A): <u>169.08</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>264.95</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown {(B) - (A)}: <u>95.87</u> Feet Below Land Surface	Well yielded <u>705</u> GPM with a drawdown of
Test Pumping Rate: <u>705</u> Gallons Per Minute	<u>95.87</u> feet after <u>24</u> hours of pumping
Duration of Pump test (minimum 4 hours): <u>24</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.	
Griner Drilling Service, Inc. 0-581	 Signature of Pump Installer
Print Name of Pump Installer and License No. (if applicable)	