

County: Greene ⁰⁴¹
 Permit #: GW15984
 Driller: Griner Drilling Service, Inc
 Date drilling completed: 2/17/2005

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 #: A-73
 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>Beat 3 Greene County Water System</u>	Latitude: _____ Longitude: _____
Mailing Address <u>39560 Hwy. 63 North</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS
<u> Richton MS 39476</u> City State Zip Code	<u> nw 1/4 sw 1/4 Sec 1 Twn 5n Rng 8w</u>
Telephone No. () _____	Distance <u>17 Miles</u> Direction <u>SOUTH</u> of Nearest Town <u>Waynesboro</u>

Well Data

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

Date well drilling started: 3/26/2004 Date well drilling completed: 2/17/05

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

Static Water Level: 213.35 feet above or below (circle one) land surface Date measured: 2/17/05

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

Hole depth: 520 Well depth: 510 Well grouted to a depth of 460 feet

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

Casing length: 460 feet Casing diameter 12 inches Type of casing: Steel

Screen length: 40 feet Screen diameter 8x6 inches Type of screen: Muni Pak

Screen slot size: 0.016 inches Setting depth: From 470 feet to 510 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: 400 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.

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 MAR 15 2005
 BY: OLWR

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

Chal H. R.
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County: <u>Greene</u>
Permit # : _____
Driller: <u>Griner Drilling Service</u>
Date Completed: <u>2/17/2005</u>

Mississippi Department of Environmental Quality
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P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
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For Office Use Only:	
Aquifer: _____	
Well #: <u>A-73</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.

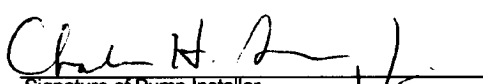
Well Owner Information	Well Location
Owner Name <u>Beat 3 Greene County Water System</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>39560 Hwy. 63 North</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Richton</u> <u>MS</u> <u>39476</u>	_____ 1/4 _____ 1/4 Sec <u>1</u> Twn <u>5n</u> Rng <u>8w</u>
City State Zip Code	Distance Direction Nearest Town <u>17 Miles south of Waynesboro</u>
Telephone No. _____	

Pump Type Circle one	Power Type 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>100</u>
Date Pump Installed: <u>2/12/2005</u>	Setting Depth: <u>365</u> feet
Rated Pump Capacity: <u>600</u> Gallons per minute	Number of Stages: <u>19</u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: <u>2/17/2005</u>	Air Line (Electric Measuring Line) Steel Tape
Static Water Level (A): <u>213.08</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B) <u>332.61</u> Feet Below Land Surface	
Drawdown {(B) - (A)} : <u>119.53</u> Feet Below Land Surface	For flowing well, measured shut in head : _____ feet
Test Pumping Rate: <u>601</u> Gallons Per Minute	Well yielded <u>601</u> GPM with a drawdown of
Duration of Pump test (minimum 4 hours) : <u>24</u> hours	<u>119.56</u> feet after <u>24</u> hours of pumping

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

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MAR 15 2005
BY: OLWR