

State Well Report

Part I - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961-5210
(601)961-5228 (fax)

County: Grenada
Permit #: GW17000
Driller: Griner Drilling
Date drilling completed: 7-13-13

For Office Use Only:
Aquifer: _____
Well #: J85
L. S. Elevation: _____
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.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Camp Mc Cain Training Center</u>	Latitude: <u>33° 42' 43" N</u> Longitude: <u>89° 42' 17" W</u>
Mailing Address: <u>3152 James H. Biddy Road</u>	Method of Lat/Long (circle one): Conventional Survey, <u>20</u>
<u>Grenada</u> MS <u>38901</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 NE 1/4 Sec 7</u> Twn <u>21N</u> Rng <u>6E</u>
Telephone No. <u>(602) 294-0046</u>	Distance Direction Nearest Town <u>6</u> Miles <u>S</u> of <u>Grenada</u>

Well / Borehole Data

Date drilling started: 12-12 Date drilling completed: 7-13 Hole depth: 450 Hole diameter: 9 7/8

Location of the source of any surface water used for drilling: Public Water Supply

Method of dosing and volume of Chlorine used in drilling and development: _____

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

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

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____

Seismic Survey _____ Other (describe): _____

If drilling is not related to water well construction, skip the remainder of this block

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

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

Static Water Level: 35 feet above or below (circle one) land surface Date measured: 7-25-2013

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

Well depth: 404 Well grouted to a depth of 349 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 349 feet Casing diameter: 12 inches Type of casing: Black Steel

Screen length: 50 feet Screen diameter: 8" inches Type of screen: Stainless/Wire Wrap

Screen slot size: .20 inches Setting depth: From 354 feet to 404 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: 274 feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A (04/08)

MSDH # 0220067-01

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UNITED STATES
DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

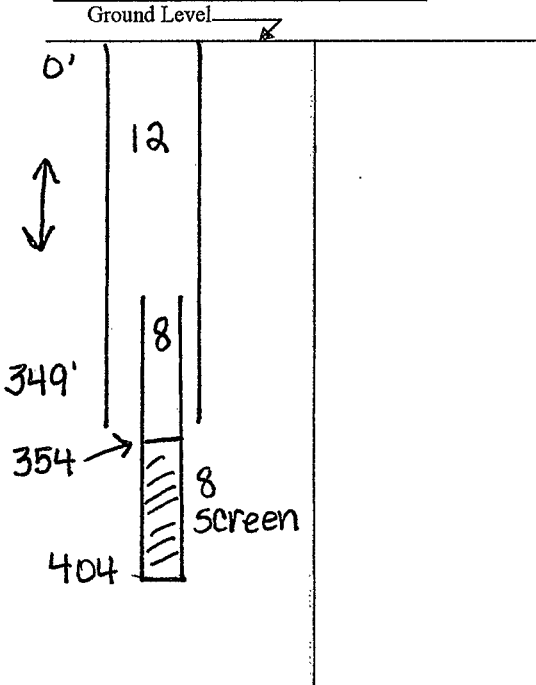
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Main body of faint, illegible text, possibly a report or letter, spanning most of the page.

At the bottom of the page, there is a line of text that appears to be a footer or page number, possibly containing the number "18".

The sketch below only required for water wells

If well telescopes, show depths on sketch.



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Top soil	Ground Level	5
Clay	5	15
Sandy w/clay streaks	15	160
Clay	160	280
Sand	280	427
Clay	427	450

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) a north arrow.

See map

Landowner Name: Camp MS Cain Training Center

Form: OLWR-SWR-1A (04/08)

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Ryan Herndon 0-700 9-17-13

Print Name of Responsible Licensee and License No. Date



Signature of Licensee

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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
 (601)961-5210
 (601)961-5228 (fax)

County: Grenada
 Permit #: _____
 Driller: Griner Drilling
 Date completed: 7-13
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: J85
 Elevation: _____

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>Camp Mc Cain Training Center</u>	Latitude: <u>33 42 43^N</u> Longitude: <u>89 42 17.14^W</u>
Mailing Address: <u>3152 James H. Bidday Road</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Grenada</u> <u>MS</u> <u>38901</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>7</u> T <u>21</u> R <u>6</u>
Telephone No. <u>(662) 294-0046</u>	Distance Direction Nearest Town
	<u>6</u> Miles <u>S</u> of <u>Grenada, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>25</u>
Date Pump Installed: <u>6-13</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>250</u> Gallons Per Minute	Number of Stages: <u>5</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-25-2013</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>35</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>82</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>47</u> Feet Below Land Surface	Well yielded <u>269</u> GPM with a drawdown of
Test Pumping Rate: <u>269</u> Gallons Per Minute	<u>47</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.

Ryan Herndon 0-700 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B (04/08)

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Year	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Population	100	105	110	115	120	125	130	135	140	145	150
Area	100	105	110	115	120	125	130	135	140	145	150
Production	100	105	110	115	120	125	130	135	140	145	150

The following table shows the population, area, and production of the country from 1950 to 1960. The population has increased from 100 million in 1950 to 150 million in 1960. The area has increased from 100 million acres in 1950 to 150 million acres in 1960. The production has increased from 100 million tons in 1950 to 150 million tons in 1960.

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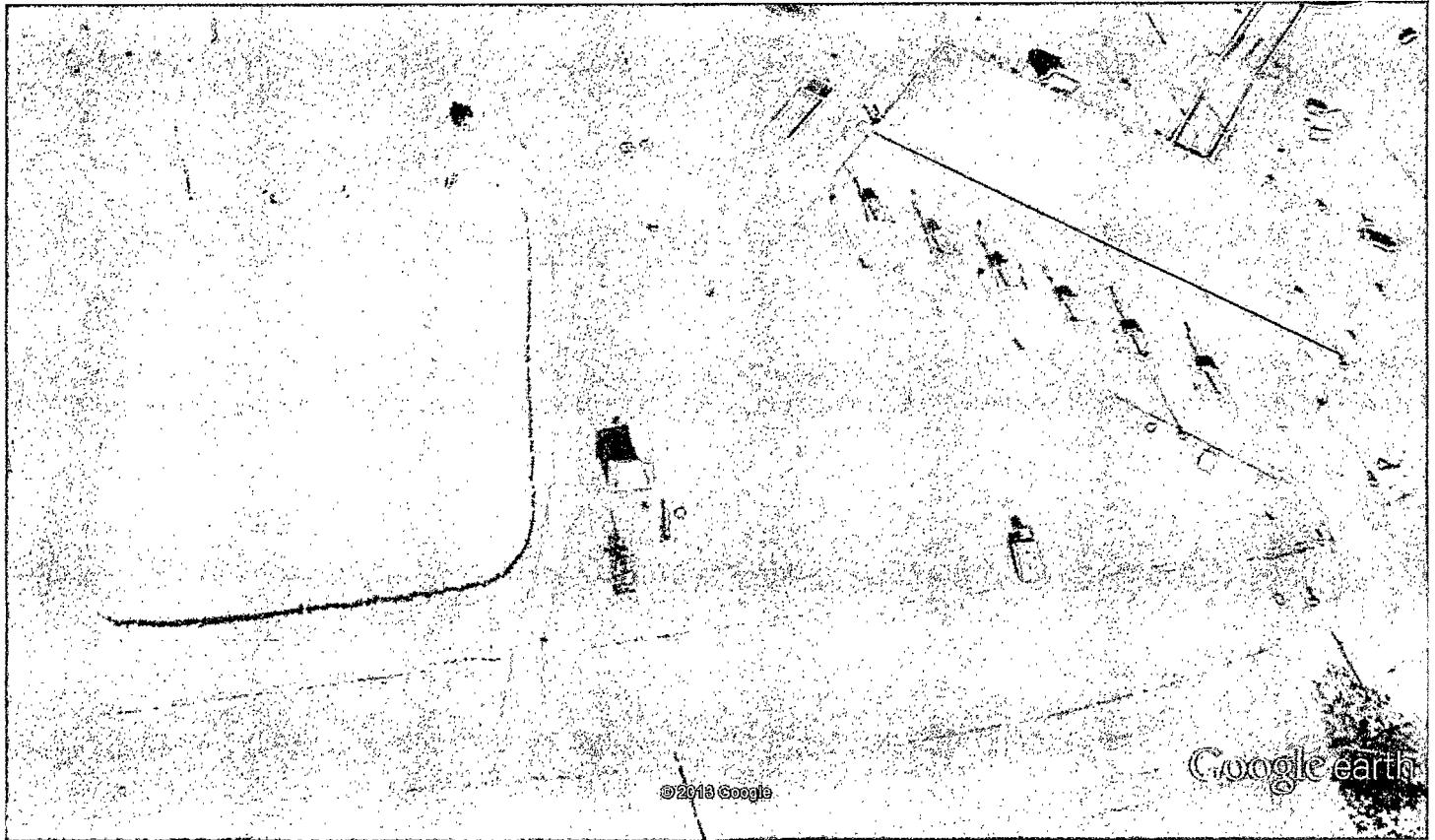
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