County: Hancock
Permit #: M5-GW-16636
Driller: Griner Drilling Service
Date drilling completed: 05/29/09

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

For Office Use Only:
Aquifer:
Well #:
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.

Department at the above address within 30 days of comp	letion of drilling of the well or borehole.
Information on Well Owner	Well or Borehole Location
(Landowner if borehole is not for a water well)	Latitude: 30 28' 37.35N Longitude: 89 25' 41.00W
Owner Name Hancock County Utility Authority	Lantude: Longitude.
Mailing Address: 401 Gulfside Street	Method of Lat/Long (check one): Conventional Survey
Mailing Address:	USGS quad O Hand-held GPS O Survey-grade GPS O
	NE 1/4 SE 1/4 Sec 31 Twn 6S Rng 14W
Waveland MS 39576	
City State Zip Code	Distance Direction Nearest Town
Telephone No. ()	
Well / Bore	hole Data W5
Date drilling started: Date drilling completed:	Hole depth: Hole diameter: 21
Location of the source of any surface water used for drilling:	
Method of dosing and volume of Chlorine used in drilling and devel	opment:
Logs run (check all applicable): None Electric Gamma Ray Name of organization running log(s):	Density Sonic Neutron Other:
Purpose of borehole (check one): Water Well Geotechnical/Geol	Count Same Heat Duran
Purpose of borehole (check one): Water Well Geotechnical/Geol	ogical investigation Oround Source Heat Fullip
Seismic Survey Other (describe)
If drilling is not related to water well construction	n, skip the remainder of this block
Purpose of Well (check one): Home OIndustrial OPublic Supply	
If a flowing well, method of flow regulation: Valve O	ther (describe)
Static Water Level: 74.51 feet above or below	land surface Date measured: 10/26/09
Method of Measurement (check one) steel tape O electric tape	air line O other:
Well depth: 720' Well grouted to a depth of 640 feet Type of	grout (check one): Neat Cement Bentonite Mix •
Casing length: 640 feet Casing diameter: 16	inches Type of casing: Steel
Screen length: 60 feet Screen diameter: 10 3/4	inches Type of screen: Munipak
Screen slot size: .020 inches Setting depth: From	
Type of completion (check all applicable): Gravel packed Un	derreamed Telescoped Open hole
Natural Development Other (describe):	
Top of lap pipe or reduction in casing: 568 feet. If te	lescoped or more than one screen, describe on next page

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



JUL 2 8 2010

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground L	evel		_
SEE	attached	well	drawing

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

Description of Formations Encountered	From (depth)	To (depth)
Sand	Ground Level	170
Clay	170	280
Sand	280	310
Clay	310	410
Sand	410	730
Clay	730	750
Sand	750	760
Clay	760	900
Sand	900	920
Clay	920	1000
,		
		
		†
		1
	 	
	 	

Signature of Licensee

JUL 2 8 2010

If more than one screen, show location of each on sketch

0-581

Print Name of Responsible Licensee and License No.

laws.

Charles H. Griner Jr.

Sketch the property layout and include the following: 1) the well location; 2) any permanent structuraid in locating the well; 3) any roads, power lines, or other items that may aid in locating	es on the property that may ng the property and the well;
4) a north arrow.	
see attached	
Landowner Name:	
Landowner (Value.	
•	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

Date

07/26/10

County:	Hancock
Permit #	t:
Driller:	Griner Drilling Service, Inc.
	mpleted: 05/29/09
Com: in	formation from block on Par

STATE WELL REPORT Part 2

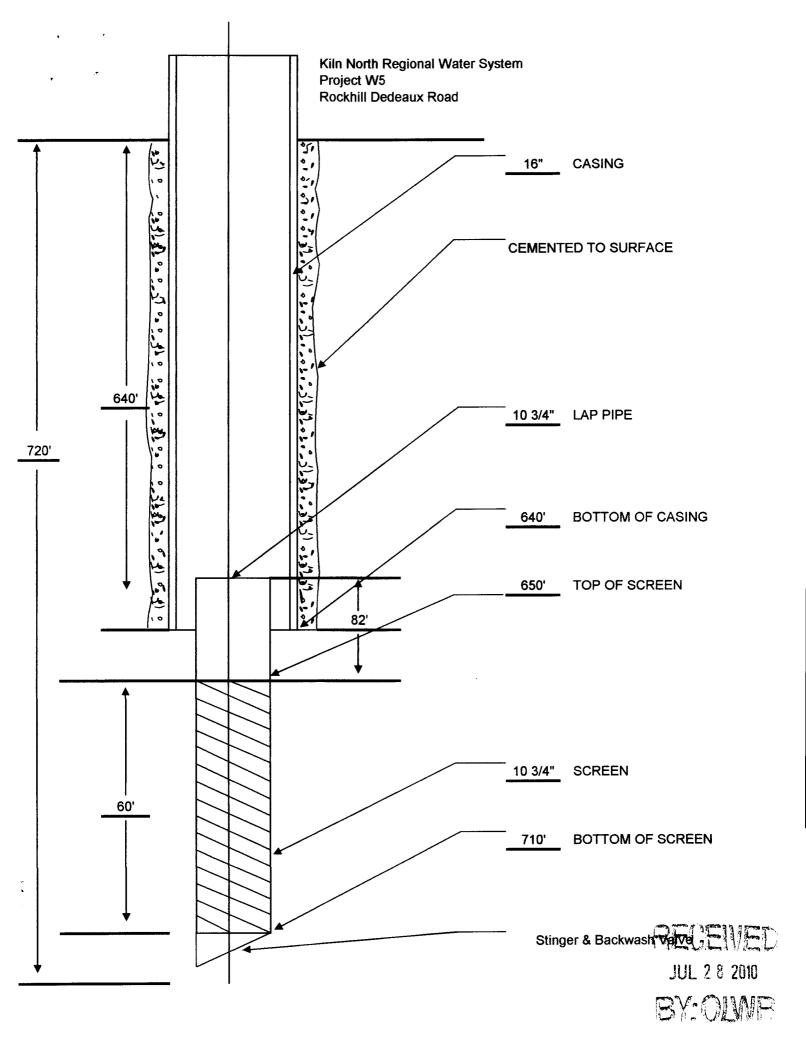
Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources

For Office Use Only:		
Aquifer:		
Well #:		
Elevation:		

Driller: Griner Drilling Service, Inc.		and water Resources	
Date completed: 05/29/09		. Box 2309 on, MS 39225 Well #:	
Date completed:		1)961-5210 Elevation:	
Copy information from block on Part 1	,	61-5228 (fax)	
report must be attached and both parts filed w	vith the Department o	contractor or a licensed pump installer. A copy of Part 1 of at the above address within 30 days of well completion.	the
Well Owner Information		Well Location	
Owner Name: Hancock County Utility		Latitude: 30 28' 37.35N Longitude: 89 25' 41.00	N
Mailing Address: 401 Gulfside Stree	et .	Method of Lat/Long (check one): Conventional Survey	<u>)</u> ,
		USGS quad O, Hand-held GPSO, Survey-grade GPS	
Waveland MS	39576	NE 1/2 Sec 31 T 6S R 14W	_
City State Telephone No. ()	Zip Code	Distance Direction Nearest Town 10 Miles North of Kiln	
respirate to.		NOTES NOTES	
Pump Type		Power Type	
Check one	ıbmersible O	Check one Diesel Engine Gasoline Engine Natural Gas	0
Bucket Piston Tu	ırbine 💽	Electric Motor Hand Tractor PTO	0
Centrifugal O Rotary O Fl	owing Well O	Windmill O Other (specify):	-
Other (specify):		Horse Power Rating of Motor: 100	-
Date Pump Installed: 08/17/2009		Setting Depth: 210 feet	
Rated Pump Capacity: 1000 Gal	llons Per Minute	Number of Stages: 4	
Pump Test Data		Method of Measuring Water Level	
Date Well Tested: 10/26/09		Check one	\cap
Static Water Level (A): 74.51 Feet Bel	ow Land Surface	Air Line C Electric Measuring Line Steel Tape	
05 56	ow Land Surface	Other (specify):	_
Drawdown [(B) – (A)]: 21.05 Feet Bel	ow Land Surface		et
Test Pumping Rate: 1000 Gal	llons Per Minute	Well yielded 1000 GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours): 8	hours	21.05 feet after 8 hours of pumpi	ng
This is for (check one): New Well	Replacement of Ex	xisting Pump O Repair of Existing Pump O	
I HEREBY CERTIFY that the above statement		of my knowledge.	
Charles H. Griner Jr. 0-	581	_ Chald !	
Print Name of Pump Installer and License No. ((if applicable)	Signature of Pump Installer	

Form: OLWR-\$WR-1C (07-09) JUL 2 & 2010







HECENET JUL 2: 2010 BY: OLWP