

County: **Hancock**  
 Permit #: **MS-GW-16569**  
 Driller: **Griner Drilling Service, Inc.**  
 Date drilling completed: **05/20/09**

### 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)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: **H56**  
 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 Infinity Well (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <b>John C. Stennis Space Center</b>	Latitude: <b>30°18'26.73"N</b> Longitude: <b>89°44'51.51"W</b>
Mailing Address: _____	<del>30-18-44</del> <b>89-36-23</b>
Stennis Space Center MS 39529	Method of Lat/Long (check one): Conventional Survey <input type="radio"/>
City State Zip Code	USGS quad <input checked="" type="radio"/> Hand-held GPS <input type="radio"/> Survey-grade GPS <input type="radio"/>
Telephone No. ( ) _____	<b>SE 1/4 SW 1/4 Sec 28 Twn 8S Rng 16W</b>
	Distance Direction Nearest Town
	<b>8.5 Miles NW of Pearlington</b>

**Well / Borehole Data**

Date drilling started: **05/12/09** Date drilling completed: **05/20/09** Hole depth: **1000'** Hole diameter: **18.5"**

Location of the source of any surface water used for drilling: **None**

Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

Logs run (check all applicable): None  Electric   Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_

Name of organization running log(s): **Griner Drilling Service, Inc.**

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*

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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: **2'** from ground level feet above  or below  land surface Date measured: \_\_\_\_\_

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

Well depth: **760'** Well grouted to a depth of **700** feet Type of grout (check one): Neat Cement  Bentonite  Mix

Casing length: **700** feet Casing diameter: **10 3/4** inches Type of casing: **Steel**

Screen length: **40** feet Screen diameter: **6.625** inches Type of screen: **Muni Pak**

Screen slot size: **.020** inches Setting depth: From **710** feet to **750** feet

Type of completion (check all applicable): Gravel packed  Underreamed  Telescoped  Open hole

Natural Development  Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: **629** feet. *If telescoped or more than one screen, describe on next page*

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

**RECEIVED**  
**OCT 13 2010**  
**BY: OLWR**

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level  $\rightarrow$

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see attached

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)
Sand	Ground Level	35
Clay	35	145
Sand	145	166
Clay	166	296
Sand	296	298
Clay	298	326
Sand	326	336
Clay	336	374
Sand	374	386
Clay	386	440
Sand	440	488
Clay	488	516
Sand	516	576
Clay	576	644
Sand	644	768
Clay	768	1000

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 attached

Landowner Name: \_\_\_\_\_

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.

Charles H. Griner Sr.      0-184      10/08/10      *Charles H. Griner*

Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

County: **Hancock**

Driller: **Griner Drilling Service, Inc.**

Date completed: **05/20/09**

*Copy information from block on Part 1*

# STATE WELL REPORT

## Part 2

Pump installer's Commission No. \_\_\_\_\_  
 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:**

Well #: **H56**

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: <b>John C. Stennis Space Center</b>	Latitude: <b>30°18' 44"</b> Longitude: <b>89° 36' 23"</b>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey <input type="radio"/>
Stennis Space Center <b>MS</b> <b>39529</b>	USGS quad <input checked="" type="radio"/> Hand-held GPS <input type="radio"/> Survey-grade GPS <input type="radio"/>
City State Zip Code	<b>SE 1/4 SW 1/4 Sec 28 T 85 R 16W</b>
Telephone No. (____) _____	Distance Direction Nearest Town
	<b>8 1/2 Miles NW of Pearlington</b>

Pump Type Check one	Power Type Check one
Air Lift <input type="radio"/> Jet <input type="radio"/> Submersible <input type="radio"/>	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/>
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine <input checked="" type="radio"/>	Electric Motor <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <b>15</b>
Date Pump Installed: <b>07/31/09</b>	Setting Depth: <b>100</b> feet
Rated Pump Capacity: <b>125</b> Gallons Per Minute	Number of Stages: <b>8</b>

Pump Test Data	Method of Measuring Water Level Check one
Date Well Tested: <b>08/11/09</b>	Air Line <input type="radio"/> Electric Measuring Line <input checked="" type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <b>2.92</b> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <b>58.15</b> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <b>55.23</b> Feet Below Land Surface	Well yielded <b>158</b> GPM with a drawdown of
Test Pumping Rate: <b>158</b> Gallons Per Minute	<b>55.23</b> feet after <b>24</b> hours of pumping
Duration of Pump Test (minimum 4 hours): <b>24</b> hours	

This is for (check one): New Well  Replacement of Existing Pump  Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

**Charles H. Griner Sr.**      **0-184**

Print Name of Pump Installer and License No. (if applicable)      *Charles H. Griner*  
 Signature of Pump Installer

H 56  
Hancock Co.

Potable Water Well  
Infinity Site  
Stennis Space Center  
2009

