

County: Hancock  
 Permit #: MS-GW-16591  
 Driller: Griner Drilling Service, Inc.  
 Date drilling completed: 06/02/09

**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 #: M164  
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>South Hancock County Elementary</u>	Latitude: <u>30 16' <del>0.11</del> 06" N</u> Longitude: <u>89 26' <del>54.07</del> 55" W</u>
Mailing Address: <u>17304 Highway 603</u>	Method of Lat/Long (check one): Conventional Survey <input type="radio"/>
<u>Kiln MS 39556</u>	USGS quad <input checked="" type="radio"/> Hand-held GPS <input type="radio"/> Survey-grade GPS <input type="radio"/>
City State Zip Code	<u>NW 1/4 NE 1/4 Sec 13 12 Twn 9S Rng 15W</u>
Telephone No. (____)	Distance Direction Nearest Town
	<u>4 Miles West of Waveland</u>

**Well / Borehole Data**

Date drilling started: 05/27/09 Date drilling completed: 06/02/09 Hole depth: 1000' Hole diameter: 16"

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*

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: 8.21 feet above  or below  land surface Date measured: \_\_\_\_\_

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

Well depth: 974 Well grouted to a depth of 870 feet Type of grout (check one): Neat Cement  Bentonite  Mix

Casing length: 870 feet Casing diameter: 10 3/4 inches Type of casing: Steel

Screen length: 80 feet Screen diameter: 6 5/8 inches Type of screen: \_\_\_\_\_

Screen slot size: .020 inches Setting depth: From 884 feet to 964 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: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*


**RECEIVED**  
 10/13/2010  
 BY: OLWR

Form: OLWR-SWR-1A (04/08)  
**RECEIVED**  
 CC. ij  
 BY: OLWR

M164

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level. 

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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, Rock, Clay	Ground Level	40
Sand	40	60
Sand, Clay	60	100
Sand	100	125
Clay	125	175
Clay, Sand	175	185
Sand	185	240
Sand, Clay	240	280
Sand	280	330
Clay	330	390
Sand	390	400
Clay	400	560
Streaked Sand	560	590
Sand	590	600
Clay	600	660
Sand	660	670'
Clay	670'	710
Clay, Sand	710	760
Sand	760	790
Sand, Clay	790	810
Clay	810	870
Sand	870	960
Clay	960	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.

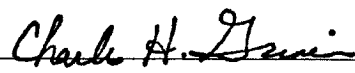
see attached

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  
Print Name of Responsible Licensee and License No.      Date

  
Signature of Licensee

County: Hancock  
 Permit #: \_\_\_\_\_  
 Driller: Griner Drilling Service, Inc.  
 Date completed: 06/02/09  
Copy information from block on Part 1

## 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)

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: M164  
 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>South Hancock County Elementary</u>	Latitude: <u>30 16'0.11"N</u> Longitude: <u>89 26' 54.07"W</u>
Mailing Address: <u>17304 Highway 603</u>	Method of Lat/Long (check one): Conventional Survey <input type="radio"/>
<u>KIn</u> <u>MS</u> <u>39556</u>	USGS quad <input checked="" type="radio"/> Hand-held GPS <input type="radio"/> Survey-grade GPS <input type="radio"/>
City                      State                      Zip Code	<u>NW</u> 1/4 <u>NE</u> 1/4 Sec. <u>13</u>   2-T <u>9S</u> R <u>15W</u>
Telephone No. ( ) _____	<u>SW</u> <u>SE</u> Distance                      Direction                      Nearest Town
	<u>4</u> Miles <u>West</u> of <u>Waveland</u>

Pump Type Check one	Power Type Check one
Air Lift <input type="radio"/>	Diesel Engine <input type="radio"/>
Jet <input type="radio"/>	Gasoline Engine <input type="radio"/>
Submersible <input type="radio"/>	Natural Gas <input type="radio"/>
Bucket <input type="radio"/>	Electric Motor <input checked="" type="radio"/>
Piston <input type="radio"/>	Hand <input type="radio"/>
Turbine <input checked="" type="radio"/>	Tractor PTO <input type="radio"/>
Centrifugal <input type="radio"/>	Windmill <input type="radio"/>
Rotary <input type="radio"/>	Other (specify): _____
Flowing Well <input type="radio"/>	Horse Power Rating of Motor: <u>10</u>
Other (specify): _____	Setting Depth: <u>100</u> feet
Date Pump Installed: <u>08/03/09</u>	Number of Stages: <u>9</u>
Rated Pump Capacity: <u>125</u> Gallons Per Minute	

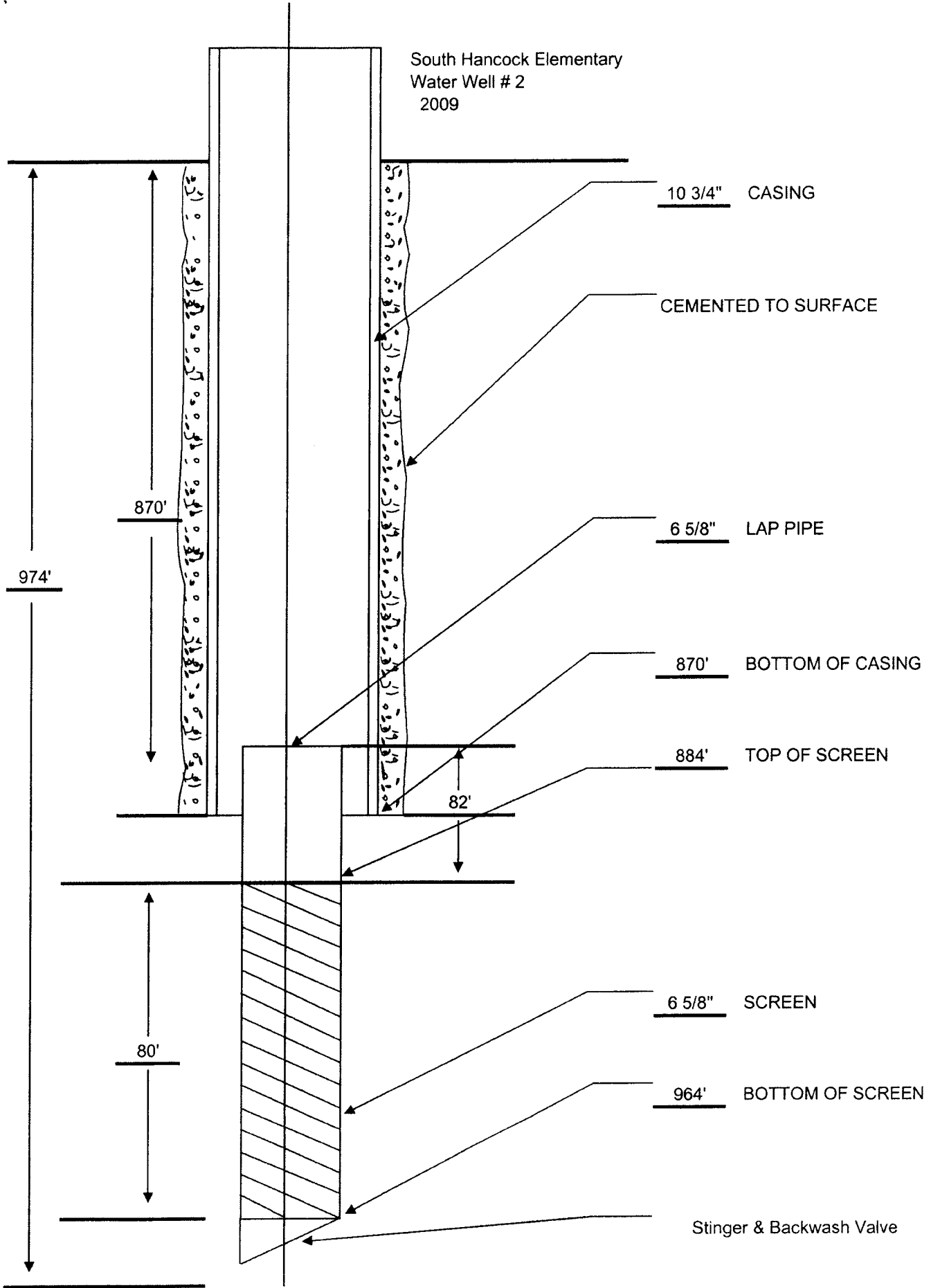
Pump Test Data	Method of Measuring Water Level Check one
Date Well Tested: <u>07/06/09</u>	Air Line <input type="radio"/>
Static Water Level (A): <u>8.21'</u> Feet Below Land Surface	Electric Measuring Line <input checked="" type="radio"/>
Pumping Water Level (B): <u>25.31'</u> Feet Below Land Surface	Steel Tape <input type="radio"/>
Drawdown [(B) - (A)]: <u>17.10</u> Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: <u>125</u> Gallons Per Minute	For flowing well, measured shut in head: _____ feet
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	Well yielded <u>125</u> GPM with a drawdown of
	<u>17.10</u> feet after <u>24</u> hours of pumping

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)                      Signature of Pump Installer

South Hancock Elementary  
Water Well # 2  
2009



10 3/4" CASING

CEMENTED TO SURFACE

6 5/8" LAP PIPE

870' BOTTOM OF CASING

884' TOP OF SCREEN

6 5/8" SCREEN

964' BOTTOM OF SCREEN

Stinger & Backwash Valve

870'

974'

80'

82'