

County: Harrison
 Permit #: MS-610-16605
 Driller: Griner Drilling Service, Inc.
 Date drilling completed: 06/09/10

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 #: H595
 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>Harrison County Utility Authority</u> | Latitude: <u>30 31' 31.74"N</u> Longitude: <u>88 59' 29.40"W</u> |
| Mailing Address: <u>10271 Express Drive</u> | Method of Lat/Long (check one): Conventional Survey <input type="radio"/> |
| <u>Gulfport</u> <u>MS</u> | USGS quad <input type="radio"/> Hand-held GPS <input checked="" type="radio"/> Survey-grade GPS <input type="radio"/> |
| City State Zip Code | <u>SW</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ Sec <u>16</u> Tw ⁿ <u>6S</u> Rng <u>10W</u> |
| Telephone No. () _____ | Distance Direction Nearest Town |
| | <u>7.5</u> Miles <u>West</u> of <u>Latimer</u> |
| | <u>Switzer Road Well</u> |

Well / Borehole Data

Date drilling started: 11/13/09 Date drilling completed: 06/09/10 Hole depth: 1015' 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 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: 130.40 feet above or below land surface Date measured: 02/10/10

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

Well depth: 760' Well grouted to a depth of 690' feet Type of grout (check one): Neat Cement Bentonite Mix

Casing length: 690 feet Casing diameter: 16 inches Type of casing: Steel

Screen length: 60 feet Screen diameter: 10 inches Type of screen: Muni Pak

Screen slot size: .020 inches Setting depth: From 700 feet to 760 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: 616 feet. *If telescoped or more than one screen, describe on next page*

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →

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, Clay, Gravel Mix | Ground Level | 260' |
| Clay | 360' | 360' |
| Sand | 360' | 390' |
| Clay | 390' | 460' |
| Sand, Mix | 460' | 570' |
| Clay | 570' | 680' |
| Sand | 680' | 770' |
| Clay | 770' | 1015' |
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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 01/31/11
 Print Name of Responsible Licensee and License No. Date

Charles H. Griner
 Signature of Licensee

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: Harrison
 Permit #: _____
 Driller: Griner Drilling Service, Inc.
 Date completed: 06/09/10
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: H595
 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>Harrison County Utility Authority</u> | Latitude: <u>30 31' 31.74"N</u> Longitude: <u>88 59' 29.40"W</u> |
| Mailing Address: <u>10271 Express Drive</u> | Method of Lat/Long (check one): Conventional Survey <input type="radio"/> |
| <u>Gulfport</u> <u>MS</u> | USGS quad <input type="radio"/> Hand-held GPS <input checked="" type="radio"/> Survey-grade GPS <input type="radio"/> |
| City State Zip Code | <u>SW 1/4 NE 1/4</u> Sec <u>16</u> T <u>6S</u> R <u>10W</u> |
| Telephone No. () _____ | Distance Direction Nearest Town |
| | <u>7.5</u> Miles <u>West</u> of <u>Latimer</u> |

| 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: <u>125</u> |
| Date Pump Installed: <u>06/09/10</u> | Setting Depth: <u>220'</u> feet |
| Rated Pump Capacity: <u>1000</u> Gallons Per Minute | Number of Stages: <u>5</u> |

| Pump Test Data | Method of Measuring Water Level Check one |
|--|--|
| Date Well Tested: <u>02/10/10</u> | Air Line <input type="radio"/> Electric Measuring Line <input checked="" type="radio"/> Steel Tape <input type="radio"/> |
| Static Water Level (A): <u>130.40</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>176.50</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>39.90</u> Feet Below Land Surface | Well yielded <u>1000</u> GPM with a drawdown of |
| Test Pumping Rate: <u>1000</u> Gallons Per Minute | <u>39.90</u> feet after <u>24</u> hours of pumping |
| Duration of Pump Test (minimum 4 hours): <u>24</u> 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) Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)

Harrison County Utility Authority
Switzer Ballpark Road
W-18 2009
Permanent Water Well

