

County: Harrison  
 Permit #: GW-16098  
 Driller: Griner Drilling Service  
 Date drilling completed: 5/19/2005

**Well Driller Report and Well Log**

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601) 961-5210  
 (601) 354-6938 (fax)

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: M-941  
 L.S. Elevation: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>City of Biloxi</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>PO Box 429</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Biloxi, MS 39533</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4</u> <u>1/4</u> Sec <u>13</u> <u>10</u> Twn <u>7s</u> Rng <u>10W</u>
Telephone No. <u>-228 435-6265</u>	Distance: <u>0</u> Miles Direction: <u>south</u> of Nearest Town: <u>Biloxi</u>

**Well Data**

Purpose of Well (circle one) Home Industrial (Public Supply) Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 2/3/2005 Date well drilling completed: 5-19-05

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 46.12 feet above or (below) (circle one) land surface Date measured: 5-19-05

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

Hole depth: 870 Well depth: 865 Well grouted to a depth of 775 feet

Type of grout (circle one) Cement Bentonite (Mix)

Casing length: 775 feet Casing diameter: 20 inches Type of casing: Steel

Screen length: 80 feet Screen diameter: 10 inches Type of screen: Rod Base

Screen slot size: 0.02 inches Setting depth: From 785 feet to 865 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: 693 feet. If telescoped or more than one screen, describe on back of page

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

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

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

Griner Drilling Service, Inc. 0-581  
 Print Name of Water Well Contractor and License No.

Chad H. A.  
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths

RECEIVED

SEP 11 2006

BY: OLWB



**STATE WELL REPORT**

**Part 2**

**Pump Installer's Completion Report**

County:	Harrison
Permit #:	
Driller:	Griner Drilling Service
Date Completed:	3/28/2006

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

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

**This report must be prepared by the pump installer in detail and filed with the Department with 30 days of the installation of pump. A copy of Part 1 of this report must be attached to the report.**

Well Owner Information	Well Location
Owner Name: <u>City of Biloxi</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>PO box 429</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Biloxi, MS 39533</u>	<u>1/4</u> _____ <u>1/4 Sec</u> <u>18</u> <u>Twn</u> <u>7s</u> <u>Rng</u> <u>9w</u>
City: _____ State: _____ Zip Code: _____	Distance: _____ Direction: _____ Nearest Town: _____
Telephone No.: <u>228-435-6265</u>	<u>0</u> Miles <u>south</u> of <u>Biloxi</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket: <input type="checkbox"/> Piton <input type="checkbox"/> (Turbine) <input type="checkbox"/>	(Electric Motor) <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal: <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>125</u>
Date Pump Installed: <u>8/11/2005</u>	Setting Depth: <u>280</u> feet
Rated Pump Capacity: <u>1350</u> Gallons per minute	Number of Stages: <u>5</u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: <u>5/19/2005</u>	Air Line <input type="checkbox"/> (Electric Measuring Line) <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>46.12</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>154.42</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>108.3</u> Feet Below Land Surface	Well yielded <u>1950</u> GPM with a drawdown of
Test Pumping Rate: <u>1950</u> Gallons Per Minute	<u>108.3</u> feet after <u>24</u> hours of pumping
Duration of Pump test (minimum 4 hours): <u>24</u> hours	

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

Griner Drilling Service, Inc. 0-581  
Print Name of Pump Installer and License No. (if applicable)

*Charles H. ...*  
Signature of Pump Installer

**RECEIVED**  
SEP 11 2006  
BY: OLWR