

County: Harrison

Permit #: MS-6W-16498

Driller: Griner Drilling Service Inc.

Date drilling completed: 7/28/2008

**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-958

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>Keesler Air Force Base</u>			Latitude: <u>30</u> <u>24°13.43</u> "N Longitude: <u>88°54'</u> <u>44.57"</u> W		
Mailing Address: <u>301 M Street</u>			Method of Lat/Long (circle one): Conventional Survey, <u>Google Earth</u>		
<u>Keesler Air Force Base</u>			USGS quad, Hand-held GPS, Survey-grade GPS		
<u>Biloxi</u>	<u>MS</u>	<u>39543-2147</u>	<u>1/4</u>	<u>1/4</u>	<u>26</u> Twn <u>75</u> Rng <u>9W</u>
City	State	Zip Code	Distance	Direction	Nearest Town
Telephone No. ( ) _____			_____ Miles	_____ of	_____

**Well Data**

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

Date well drilling started: 12/4/2007 Date well drilling completed: 3/4/2008

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

Static Water Level: 65' feet above or below (circle one) land surface Date measured: 4/28/08

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

Hole depth: 930' Well depth: 650' Well grouted to a depth of 550' feet

Type of grout (circle one) Cement Bentonite Mix

Casing length: 550' feet Casing diameter 20" inches Type of casing: Black Steel

Screen length: 80' feet Screen diameter 12"x15" inches Type of screen: muni

Screen slot size: 0.020- inches Setting depth: From 560' feet to 640' 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: 480' 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.

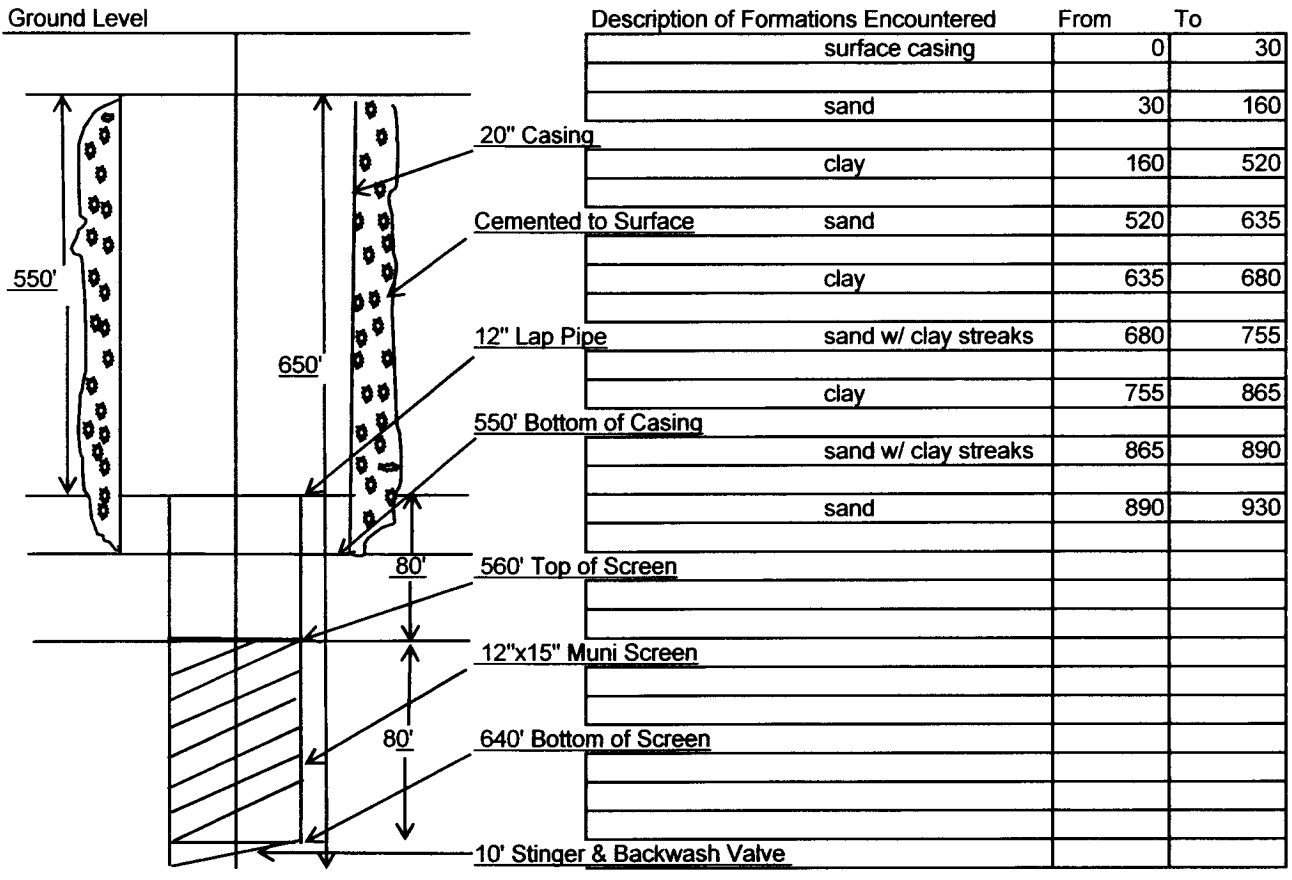
Griner Drilling Service Inc. 0-184  
 Print Name of Water Well Contractor and License No. \_\_\_\_\_

Charles H. [Signature]  
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths

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M-958



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) indicate direction.

**SEE ATTACHED SATELLITE PHOTO**

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

*Chad H. P.*  
 Signature of Water Well Contractor

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**STATE WELL REPORT**  
**Part 2**  
**Pump Installer's Completion Report**

County: <u>Harrison</u>
Permit # : _____
Driller: <u>Griner Drilling Service Inc.</u>
Date Completed: <u>7/28/2008</u>

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(601)354-6938 (fax)

<b>For Office Use Only:</b>	
Aquifer: _____	
Well # : <u>M-958</u>	
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.**

<b>Well Owner Information</b>	<b>Well Location</b>
Owner Name <u>Keesler Air Force Base</u>	Latitude: <u>30° 24' 13.43"N</u> Longitude: <u>88° 54' 44.57' W</u>
Mailing Address: <u>301 M Street</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Google Earth</u>
<u>Keesler Air Force Base</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Biloxi</u> MS. <u>39543-2147</u>	<u>1/4</u> <u>1/4</u> Sec <u>26</u> Twn <u>7S</u> Rng <u>9W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. _____	Miles of

<b>Pump Type</b> Circle one	<b>Power Type</b> Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piton <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>7/28/2008</u>	Setting Depth: <u>180'</u> feet
Rated Pump Capacity: <u>1200</u> Gallons per minute	Number of Stages: <u>4</u>

<b>Pump Test Data</b>	<b>Method of Measuring Water Level</b> Circle One
Date Well Tested: <u>4/21/2008</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>65'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B) <u>115'</u> Feet Below Land Surface	For flowing well, measured shut in head : _____ feet
Drawdown {(B) - (A)} : <u>50'</u> Feet Below Land Surface	Well yielded <u>1280</u> GPM with a drawdown of
Test Pumping Rate: <u>1280</u> Gallons Per Minute	<u>50'</u> feet after <u>24</u> hours of pumping
Duration of Pump test (minimum 4 hours) : <u>2 4</u> hours	

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

Print Name of Pump Installer and License No. (if applicable)

*Charles H. Smith, Jr.*  
Signature of Pump Installer

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