

County Harrison
 Permit # MS-010-16608
 Driller: Griner Drilling Service, Inc.
 Date drilling completed 09/30/10

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 # M963
 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.

<p>Information on Well Owner <i>(Landowner if borehole is not for a water well)</i> Owner Name <u>Harrison County Utility Authority</u> Mailing Address: <u>10271 Express Drive</u> <u>Gulfport MS</u> City State Zip Code Telephone No. () _____</p>	<p>Well or Borehole Location Latitude: <u>30 28' 13.20"N</u> Longitude: <u>88 55' 42.41"W</u> Method of Lat/Long (check one): Conventional Survey <input type="radio"/> USGS quad <input type="radio"/> Hand-held GPS <input checked="" type="radio"/> Survey-grade GPS <input type="radio"/> <u>NE 1/4 NW 1/4</u> Sec <u>6</u> Twn <u>7S</u> Rng <u>9W</u> Distance Direction Nearest Town <u>4</u> Miles <u>NW</u> of <u>D'Iberville</u></p>
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Well / Borehole Data
 Date drilling started: 09/21/10 Date drilling completed: 09/30/10 Hole depth: 1000' 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: 33.61 feet above or below land surface Date measured: 12/16/10
 Method of Measurement (check one) steel tape electric tape air line other: _____
 Well depth: 800' Well grouted to a depth of 660 feet Type of grout (check one): Neat Cement Bentonite Mix
 Casing length: 660 feet Casing diameter: 16 inches Type of casing: Steel
 Screen length: 110 feet Screen diameter: 10 3/4 inches Type of screen: Munipak
 Screen slot size: .020 inches Setting depth: From 730 feet to 790 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*

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 #: MS 0076608
Driller: Griner Drilling Service, Inc.
Date completed: 09/30/10
Copy information from block on Part 1

For Office Use Only:
Aquifer: _____
Well #: M963
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 28' 13.20"N</u> Longitude: <u>88 55' 42.41" W</u>
Mailing Address: <u>10271 Express Drive</u>	Method of Lat/Long (check one): Conventional Survey <input type="radio"/>
<u>Gulfport 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>NE 1/4 NW 1/4 Sec 6 T 7S R 9W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>4 Miles NW of D'Iberville</u>

Pump Type	Power Type
Check one	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>100</u>
Date Pump Installed: <u>10/11/10</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>1000</u> Gallons Per Minute	Number of Stages: <u>4</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>12/16/10</u>	Check one
Static Water Level (A): <u>33.61</u> Feet Below Land Surface	Air Line <input type="radio"/> Electric Measuring Line <input checked="" type="radio"/> Steel Tape <input type="radio"/>
Pumping Water Level (B): <u>66.91</u> Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: <u>33.30</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>1000</u> Gallons Per Minute	Well yielded <u>1000</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	<u>33.30</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

Harrison County Utility Authority
W18 Joe Husely Road Water Well
2010

