

County: Harrison
 Permit #: MS-GW-16596
 Driller: Griner Drilling Service
 Date drilling completed: 9-28-09

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 #: Ø 406
 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>City of Long Beach</u>	Latitude: <u>30 20 28.63N</u> Longitude: <u>89 10 42.10W</u>
Mailing Address: <u>Post Office Box 929</u>	Method of Lat/Long (check one): Conventional Survey <input type="radio"/>
<u>Long Beach MS 39560</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> ¼ <u>SE</u> ¼ Sec <u>15</u> Twn <u>8S</u> Rng <u>12W</u>
Telephone No. <u>(228) 863-0440</u>	Distance _____ Direction _____ Nearest Town _____
	<u>0</u> Miles _____ of _____ Long Beach _____

Well / Borehole Data

Date drilling started: 6-17-09 Date drilling completed: 9-28-09 Hole depth: 2000' 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: 34.78' feet above or below land surface Date measured: March 4, 2010

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

Well depth: 1050' Well grouted to a depth of 940 feet Type of grout (check one): Neat Cement Bentonite Mix

Casing length: 940 feet Casing diameter: 16 inches Type of casing: Steel

Screen length: 100 feet Screen diameter: 10 3/4 inches Type of screen: Munipak

Screen slot size: .020 inches Setting depth: From 950 feet to 1050 feet

Type of completion (check all applicable): Gravel packed Underreamed Telescoped Open hole
 Natural Development Other (describe): _____

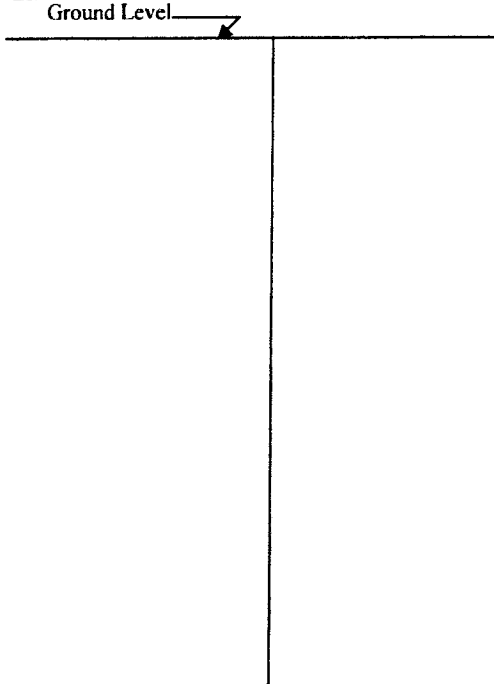
Top of lap pipe or reduction in casing: 867 feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A (04/08)

RECEIVED
AUG 25 2010
BY: OLWR

The sketch below only required for water wells

If well telescopes, show depths on sketch.



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	Ground Level	145'
Clay	145	235
Sand	235	245
Clay	245	280
Sand	280	340
Clay	340	450
Sand	450	500
Clay	500	600
Sand	600	660
Clay	660	750
Sand	750	1060
Clay	1060	1180
Streaks of Sand	1180	1340
Mostly Clay/Small Streaks of Sand	1340	1910
Streaky Sand	1910	2000

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.

Landowner Name: City of Long Beach

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

Print Name of Responsible Licensee and License No. Date

Signature of Licensee

RECEIVED
AUG 29 2013
BY: OLWR

County: Harrison
 Permit #: _____
 Driller: Griner Drilling Service
 Date completed: March 3, 2010
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 #: φ406
 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>City of Long Beach</u>	Latitude: <u>30 20 28.63N</u> Longitude: <u>89 10 42.10W</u>
Mailing Address: <u>Post Office Box 929</u>	Method of Lat/Long (check one): Conventional Survey <input type="radio"/>
<u>Long Beach MS 39560</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> ¼ <u>SE</u> ¼ Sec <u>15</u> T <u>8S</u> R <u>12W</u>
Telephone No. (<u>228</u>) <u>863-0440</u>	Distance Direction Nearest Town <u>0</u> Miles _____ of <u>Long Beach</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>100</u>
Date Pump Installed: <u>December 1, 2009</u>	Setting Depth: <u>150</u> feet
Rated Pump Capacity: <u>1200</u> Gallons Per Minute	Number of Stages: <u>4</u>

Pump Test Data	Method of Measuring Water Level Check one
Date Well Tested: <u>March 4, 2010</u>	Air Line <input type="radio"/> Electric Measuring Line <input checked="" type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>34.78'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>59.78'</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>25'</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>1200</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>8</u> hours	

This is for (check one): New Well Replacement of Existing Pump Repair of Existing Pump

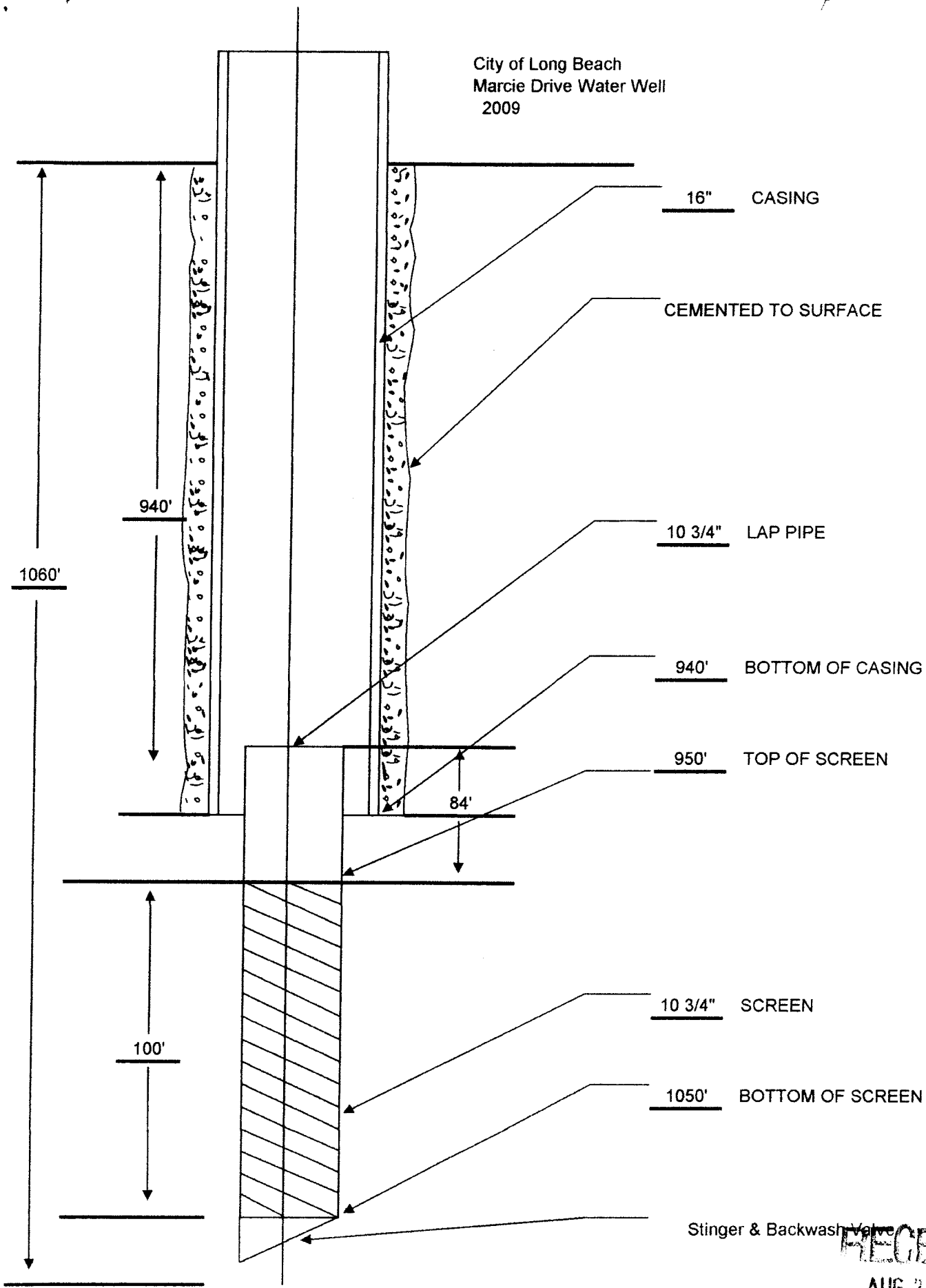
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Charles H. Griner Sr. 0-184
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
AUG 25 2010
BY: OLWR

Ø 406

City of Long Beach
Marcie Drive Water Well
2009



RECEIVED
AUG 25 2009
BY: OLWR