	Well Driller Report and Well Log	For Office Use Only:
County: Hinds		
	Mississippi Department of Environmental Quality	Aquifer:
Permit # : MS-GW-16555	Office of Land and Water Resources	1 - 111
	P.O. Box 10631	Well #:
Driller: Griner Drilling Service Inc	Jackson, MS 39289-0631	
	(601) 961-5210	L.S. Elevation:
Date drilling completed: 9/17/2008	(601) 354-6938 (fax)	
		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 Hinds County Board of Supervisors (Penal Farm) Mailing Address: 316 S. President St.	Latitude: $32^{\circ}14'$ $42.77''$ N Longitude: $90^{\circ}24'$ 11.39 W " Method of Lat/Long (circle one): Conventional Survey,
	Google Earth USGS quad, Hand-held GPS, Survey-grade GPS
Jackson, MS	1/4 1/4 Sec 28 Twn 5 Rng 2 h
City State Zip Code Telephone No. (601) 968-6501	Distance Direction Nearest Town *1/2 Miles South of Hwy18/County Farm Rd. Raymond
Well Data	
Purpose of Well (circle one) Home Industrial <u>Public Sup</u>	pply Irrigation Fish Culture Other:
Date well drilling started: 7/31/2008	Date well drilling completed: 9/17/2008
If flowing, method of flow regulation: Valve	Other (describe)
Static Water Level: 280' feet above or below (circle or	ne) land surface Date measured: 9/22/08
Method of Measurement (circle one) steel tape electric tape	air line other:
Hole depth: <u>1820'</u> Well depth: <u>1795'</u>	Well grouted to a depth of 1720' feet
Type of grout (circle one) <u>Cement</u> Bentonite Mix	
Casing length: 1720' feet Casing diameter 12 3/4"	inches Type of casing: Carbon Steel
Screen length: 40' feet Screen diameter 8 5/8"	
Screen slot size: 0.020- inches Setting depth: From	n <u>1745'</u> feet to <u>1785'</u> feet
Type of completion (circle all applicable): <u>Gravel packed</u> Under	rreamed Telescoped Open hole Natural development
Other (describe):	
	the second s
Top of lap pipe or reduction in casing: <u>1621</u> feet. If teles	scoped 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): <u>Griner Drilling Service Inc.</u>	
certify that the well was drilled, constructed, and completed in accordanc Environmental Quality and/or the Mississippi Department of Health regulati	
	(1,1)
Griner Drilling Service Inc. 0-184 Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor CEIV
If well telescopes please sketch below and show depths	

BY: OLWR

L-111

Ground Level	Description of Fo	ormations Encountered F	rom To	
	12 3/4" Casing	Surface Casing	0	30
1 1 6		Clay	30	160
	Cemented to Surface	Sand w/ Clay Streaks	160	360
		Clay	360	860
	1620' Top of Lap	Sand w/ Clay Streaks	860	960
		Clay	960	1080
	8 5/8" Lap Pipe	Sand w/ Clay Streaks	1080	1280
	1720' Bottom of Casing	Clay	1280	1440
		Sand w/ Clay Streaks	1440	1720
	1745' Top of Screen	Sand	1720	1800
		Sand w/ Clay Streaks	1800	1820
40'	8" Muni Screen			
	1785' Bottom of Screen			
10' Stir	ger & Backwash Valve			

If more than one screen, show location of each on sketch

Sketch the property layout and inslude the following: 1) the well location; 2) any permanent structures on the property thay 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 SATELITTE PHOTO

Landowner Name:

.

Signature of Water Well Contracot

RECEIVED

JAN 15 2009 BY: OLWR

	SIAN
Hinds	Pump Insta
	Mississippi Dep

9/17/2008

County:

Permit # :

Date Completed:

Driller: Griner Drilling Service Inc.

STATE WELL REPORT Part 2 aller's Completion Report

partment 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:	1.1
Aquifer:	
Well #:	
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 In	formation				We	II Location
Owner Name	Hinds Cou	nty Board of Supe	rvisors (Penal Farm)	Latitude: 32º14	42.77"	N	Longitude: 90°24 11.39' W
Mailing Address	s: 316 S. Pre	sident St.				Goo): Conventional Survey, gle Earth S, Survey-grade GPS
	Jackson	MS.	3920	1 1/4		_ 1/4	4 Sec. 28 Twn 5 Rng 2 W
Telephone No.	City (601) 968-6501	State	Zip Code	Distance *1/2 Miles	Directior South	n of	Nearest Town Hwy18/County Farm Rd. Raymond

	Pump Type Circle one			Power Type Circle one			
Air Lift	Jet		Submersible	Diesel Engine	Gasoline Engine	Natural Gas	
Bucket	Piton		Turbine	<u>Electric Moto</u> r	Hand	Tractor PTO	
Centrifugal	Rotary		Flowing Well	Windmill	Other (specify):		
Other (specify)):			Horse Power Rati	ing of Motor: 75		
Date Pump Ins	stalled:	10/5/2008		Setting Depth: 3	80'	feet	
Rated Pump C	apacity:	400	Gallons per minute	Number of Stages	s: 8		

	Circle One
	Air Line Electric Measuring Line Steel Tape
Feet Below Land Surface	
	Other (specify) :
Feet Below Land Surface	the second se
Feet Below Land Surface	For flowing well, measured shut in head : feet
Gallons Per Minute	Well yielded GPM with a drawdown of
2 4 hours	36' feet after 24 hours of pumping
	Feet Below Land Surface Feet Below Land Surface Gallons Per Minute

Signature of Pump Installer

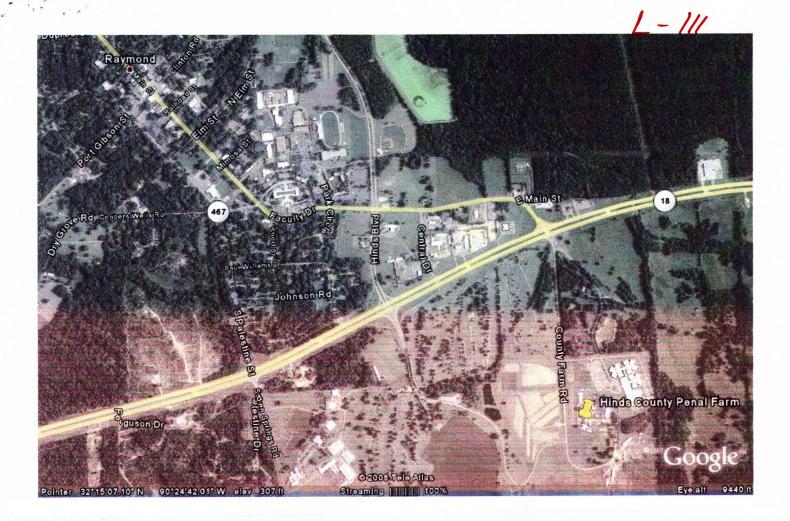
RECEIVED

JAN 16 2009

BY: OLWR

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)



JAN 16 2009 BY: OLWR