

County: Jackson

Permit # : _____

Driller: Griner Drilling Service

Date drilling completed: 9/22/2005

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) 354-8938 (fax)

For Office Use Only:

Aquifer: _____

Well #: P-489

L.S. Elevation: 9'

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 Moss Point</u>		Latitude: 30° 27' 13.48" <u>30° 27' 15"</u>	Longitude: 88° 32' 1" <u>88° 32' 22.86"</u>	
Mailing Address:	<u>4412 Denny Street</u>		Method of Lat/Long (circle one): <u>Conventional Survey</u>		
			USGS quad, Hand-held GPS, Survey-grade GPS		
<u>Moss Point</u>	<u>MS</u>	<u>39563</u>	<u>Nc</u> 1/4	<u>NW</u> 1/4 Sec <u>12</u> Twn <u>7S</u> Rng <u>6W</u>	
City	State	Zip Code			
Telephone No.	<u>228 475 1151</u>		Distance	Direction	Nearest Town
			<u>1.5 Miles</u>	<u>east</u> of	<u>Moss Point</u>

Well Data

Purpose of Well (circle one) Home Industrial (Public Supply) Irrigation Fish Culture Other: PLA 9/29/05

Date well drilling started: 9-16,2005 Date well drilling completed: 9-22-05

If flowing, method of flow regulation: _____ Other (describe) _____

Static Water Level: test hole feet above or (below) (circle one) land surface Date measured: _____

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

Hole depth: 1000' Well depth: _____ Well grouted to a depth of _____ feet

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

Casing length: _____ feet Casing diameter: _____ inches Type of casing: _____

Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____

Screen slot size: _____ inches Setting depth: From _____ feet to _____ 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: _____ 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. _____

Signature of Water Well Contractor _____

If well telescopes please sketch below and show depths

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County: _____
Permit #: _____
Driller: <u>Griner Drilling Service</u>
Date Completed: _____

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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 #: <u>P-489</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.

Well Owner Information NA TEST HOLE ONLY	Well Location
Owner Name _____	Latitude: _____ Longitude: _____
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec _____ TwN _____ Rng _____
Telephone No. _____	Distance _____ Direction _____ Nearest Town _____ Miles of

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

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: _____	Air Line (Electric Measuring Line) Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify) : _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head : _____ feet
Drawdown ((B) - (A)) : _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump test (minimum 4 hours) : _____ 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)	_____ Signature of Pump Installer