

0300008-09

County: Jackson
 Permit #: MS-600-16157
 Driller: Griner Drilling Service Inc.
 Date drilling completed: 2/2/09

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 #: Q-600
 L.S. Elevation: 18
 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: <u>30</u> <u>24'01.82"</u> <u>N</u>	Longitude: <u>88</u> <u>31'22"</u> <u>95W</u>
Mailing Address:	<u>Sue Ellen St</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>SE</u> 1/4 <u>5</u> 1/4 Sec <u>30</u> Twn <u>7</u> S Rng <u>5</u> W
City	State	Zip Code	Distance _____ Miles _____ of _____
Telephone No. () _____			Nearest Town _____

Well Data

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

Date well drilling started: 11/8/2005 Date well drilling completed: 12/2/2005

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

Static Water Level: 155' feet above or below (circle one) land surface Date measured: 11/7/2005

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

Hole depth: 830' Well depth: 820' Well grouted to a depth of 745' feet

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

Casing length: 745' feet Casing diameter: 20" inches Type of casing: Steel

Screen length: 70' feet Screen diameter: 12" inches Type of screen: 304 stainless steel

Screen slot size: 0.02 inches Setting depth: From 750' feet to 820' 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: 670' 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): _____

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. Griner
 Signature of Water Well Contractor

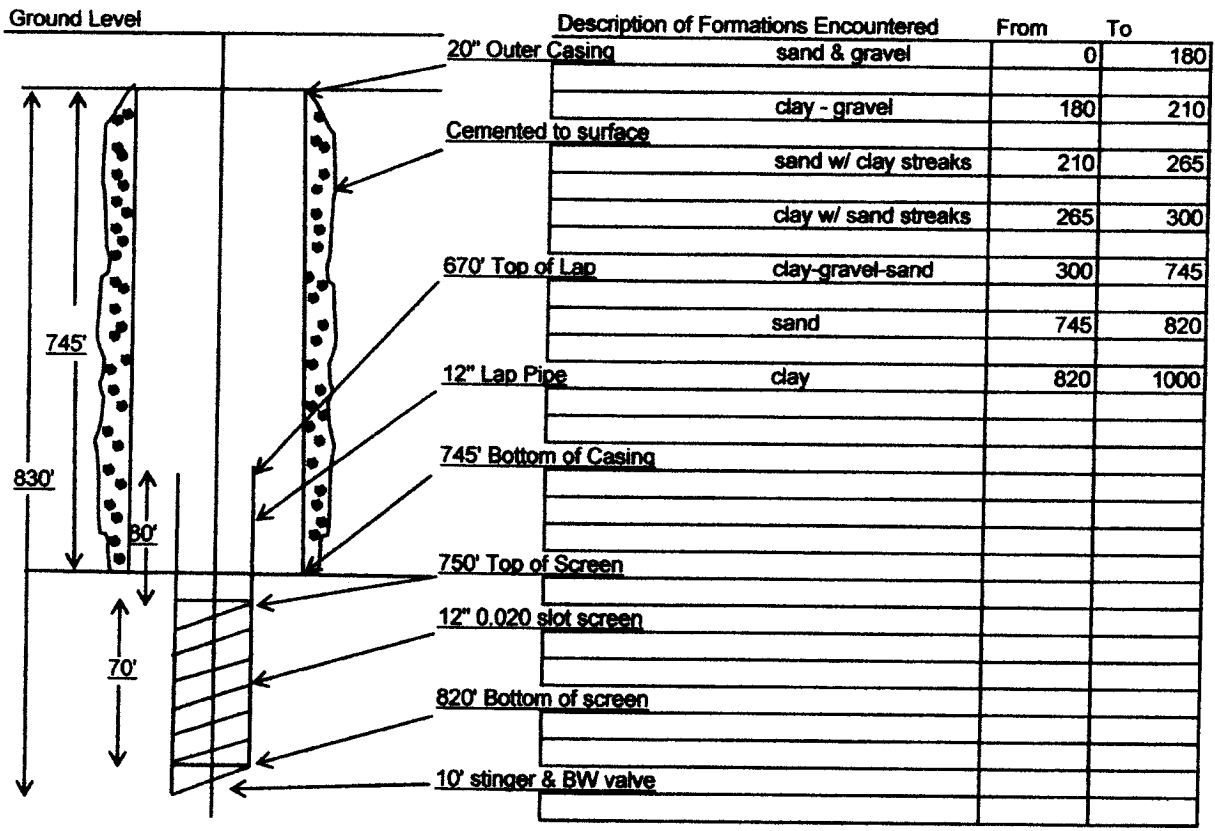
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If well telescopes please sketch below and show depths

FEB 04 2009

IRVING

Q-600



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: _____

Signature of Water Well Contractor

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BY: OLIVE

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County: Jackson

Permit #: _____

Driller: Griner Drilling Service Inc.

Date Completed: 12/2/2005

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 #: Q-600

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	Well Location
Owner Name <u>City of Moss Point</u>	Latitude: <u>30 24'01.82 N</u> Longitude: <u>88 31'23.66 W</u>
Mailing Address: <u>Sue Ellen St</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Moss Point</u> <u>MS.</u> <u>39563</u>	<u>1/4</u> <u>1/4</u> Sec <u> </u> Twn <u> </u> Rng <u> </u>
City State Zip Code	Distance Direction Nearest Town Miles of at the end of Curt St.
Telephone No. _____	

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piton <input type="checkbox"/> (Turbine) <input type="checkbox"/>	(Electric Motor) <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>200</u>
Date Pump Installed: <u>5/5/2006</u>	Setting Depth: <u>354'</u> feet
Rated Pump Capacity: <u>1400</u> Gallons per minute	Number of Stages: <u>7</u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: <u>11/8/2005</u>	Air Line <input type="checkbox"/> (Electric Measuring Line) <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>155'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>220'</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>65'</u> Feet Below Land Surface	Well yielded <u>1400</u> GPM with a drawdown of
Test Pumping Rate: <u>1400</u> Gallons Per Minute	<u>65'</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) _____ Signature of Pump Installer _____

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BY: OLWF

Q-600



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FEB 04 2009

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