

030008-10

County: Jackson
 Permit #: MS-60-16-159
Hubert St.
 Driller: Griner Drilling Service Inc.
 Date drilling completed: 6/2/2006

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-601
 L.S. Elevation: 17
 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° 23' 49"</u> Longitude: <u>88° 31' 47"</u>
Mailing Address:	<u>Hubert St.</u>	Method of Lat/Long (circle one):	<u>47.4</u> Conventional Survey
		USGS quad, Hand-held GPS, Survey-grade GPS	
<u>Moss Point</u> MS. <u>39563</u>		<u>SW</u> 1/4 <u>NW</u> 1/4 Sec <u>31</u> Twp <u>7S</u> Rng <u>5W</u>	
City State Zip Code		Distance Direction Nearest Town	
Telephone No. ()		<u>0.5</u> Miles <u>S</u> of <u>M.L.K. Blvd.</u>	

Well Data

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

Date well drilling started: 3/31/2006 Date well drilling completed: 6/2/06

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

Static Water Level: 157' feet above or below (circle one) land surface Date measured: 3/30/06

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

Screen slot size: 0.020 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): 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. 0-184

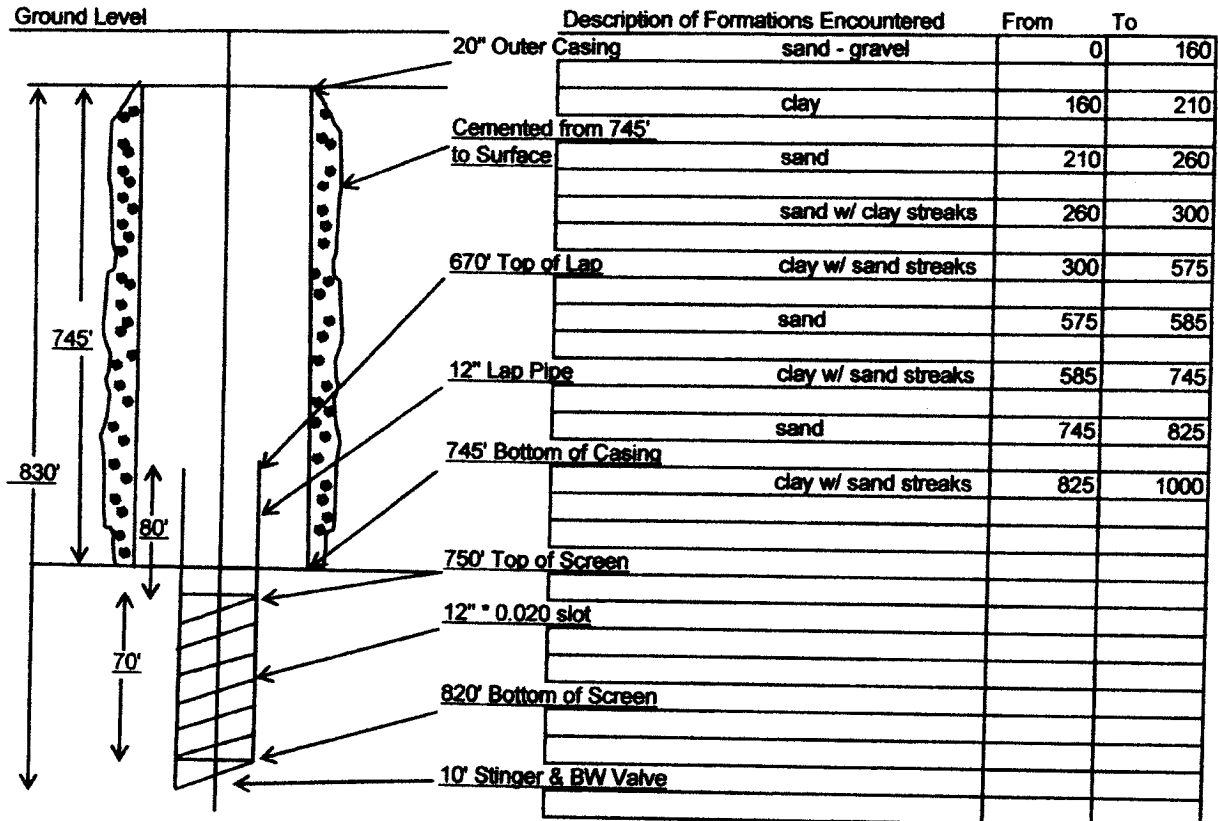
Print Name of Water Well Contractor and License No.

Charles A. Griner
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths

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Q-601



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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STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County:	Jackson
Permit #:	Hubert St.
Driller:	Griner Drilling Service Inc.
Date Completed:	6/2/2006

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39269-0631
(601)961-5210
(601)354-8636 (fax)

For Office Use Only:	
Aquifer:	
Well #:	Q-601
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: _____ Longitude: _____
Mailing Address: <u>Hubert St</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Moss Point</u> <u>MS.</u> <u>39563</u>	<u>1/4</u> <u>1/4</u> Sec <u> </u> Twm <u> </u> Rng <u> </u>
City State Zip Code	Distance Direction Nearest Town 0.5 Miles S of M.L.K. Blvd.
Telephone No. _____	

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Pilon (Turbine)	(Electric Motor) Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>200</u>
Date Pump Installed: <u>8/30/2006</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>7/27/2006</u>	Air Line (Electric Measuring Line) Steel Tape
Static Water Level (A): <u>157'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>224'</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>67'</u> Feet Below Land Surface	Well yielded <u>1300</u> GPM with a drawdown of
Test Pumping Rate: <u>1300</u> Gallons Per Minute	<u>67'</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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