

County: Jasper
 Permit #: MS-GW-16339
 Driller: Mike Smith
 Date drilling completed: 04/16/07

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 #: J52
 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 Bay Springs</u>	Latitude: <u>31 58' 29.09"N</u> Longitude: <u>89 17' 08.76"W</u>
Mailing Address: <u>P.O. Box 307</u>	Google Earth <u>29</u> <u>09</u>
<u>Bay Spring MS 39422</u>	Method of Lat/Long (check one): Conventional Survey <input type="radio"/>
City State Zip Code	USGS quad <input type="radio"/> Hand-held GPS <input type="radio"/> Survey-grade GPS <input type="radio"/>
Telephone No. (<u>601</u>) <u>764-4112</u>	<u>NW 1/4 NW 1/4</u> Sec <u>33</u> Twn <u>2N</u> Rng <u>10E</u>
	Distance Direction Nearest Town
	<u>1/4</u> Miles <u>SE</u> of <u>Bay Springs</u>

Well / Borehole Data

Date drilling started: 03/05/07 Date drilling completed: 04/16/07 Hole depth: 1206' 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: 218 feet above or below land surface Date measured: 11/06/07

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

Well depth: 970' Well grouted to a depth of 870 feet Type of grout (check one): Neat Cement Bentonite Mix

Casing length: 870 feet Casing diameter: 16 inches Type of casing: _____

Screen length: 80 feet Screen diameter: 10 inches Type of screen: Muni Pak

Screen slot size: .020 inches Setting depth: From 880 feet to 960 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: 795.14' feet. *If telescoped or more than one screen, describe on next page*

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

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BY: OLWR

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →

see attached drawing

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)
Clay	Ground Level	62.91
Sand & Soft Clay	62.91	344.24
Soft Clay	344.24	406.34
Hard Clay	406.34	437.57
Hard Clay & Sand	437.57	468.42
Clay & Sand	468.42	531.50
Sand	531.50	658.26
Sand & Streaked Clay	658.26	689.48
Soft Clay	689.48	721.03
Clay	721.03	751.87
Hard Clay & Rock	751.87	783.08
Clay, Rock & Streaked Sand	783.08	814.38
Streaked Clay	814.38	877.16
Sand	877.16	972.14
Streaked Sand	972.14	1035.09
Clay	1035.09	1206.16

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.

See attached map

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BY: OLWR

Landowner Name: _____

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

6-24-10

Charles H. Griner, Sr.

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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 #: J52

Elevation: _____

County: Jasper

Permit #: MS-GW-16339

Driller: Mike Smith

Date completed: 11/08/07

Copy information from block on Part 1

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 Bay Springs</u>	Latitude: <u>31 58' 29.09"N</u> Longitude: <u>89 17' 08.76"W</u>
Mailing Address: <u>P.O. Box 307</u>	Method of Lat/Long (check one): Conventional Survey <input type="radio"/>
<u>Bay Springs MS 39422</u>	USGS quad <input type="radio"/> Hand-held GPS <input type="radio"/> Survey-grade GPS <input type="radio"/>
City State Zip Code	<u>1/4 1/4 Sec 33 T 02N R 10E</u>
Telephone No. <u>(601) 764-4112</u>	Distance Direction Nearest Town
	<u>1/4 Miles SE of Bay Springs</u>

Pump Type	Power Type
Check one	
Air Lift <input type="radio"/>	Diesel Engine <input type="radio"/>
Jet <input type="radio"/>	Gasoline Engine <input type="radio"/>
Submersible <input type="radio"/>	Natural Gas <input type="radio"/>
Bucket <input type="radio"/>	Electric Motor <input checked="" type="radio"/>
Piston <input type="radio"/>	Hand <input type="radio"/>
Turbine <input checked="" type="radio"/>	Tractor PTO <input type="radio"/>
Centrifugal <input type="radio"/>	Windmill <input type="radio"/>
Rotary <input type="radio"/>	Other (specify): _____
Flowing Well <input type="radio"/>	Horse Power Rating of Motor: <u>200</u>
Other (specify): _____	Setting Depth: _____ feet
Date Pump Installed: <u>09/07/07</u>	Number of Stages: <u>3</u>
Rated Pump Capacity: <u>1000</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level
Check one	
Date Well Tested: <u>11/06/07</u>	Air Line <input checked="" type="radio"/>
Static Water Level (A): <u>218</u> Feet Below Land Surface	Electric Measuring Line <input type="radio"/>
Pumping Water Level (B): <u>337</u> Feet Below Land Surface	Steel Tape <input type="radio"/>
Drawdown [(B) - (A)]: <u>119</u> Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: <u>1067</u> Gallons Per Minute	For flowing well, measured shut in head: <u>N/A</u> feet
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	Well yielded <u>1067</u> GPM with a drawdown of
	<u>119</u> feet after <u>24</u> hours of pumping

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

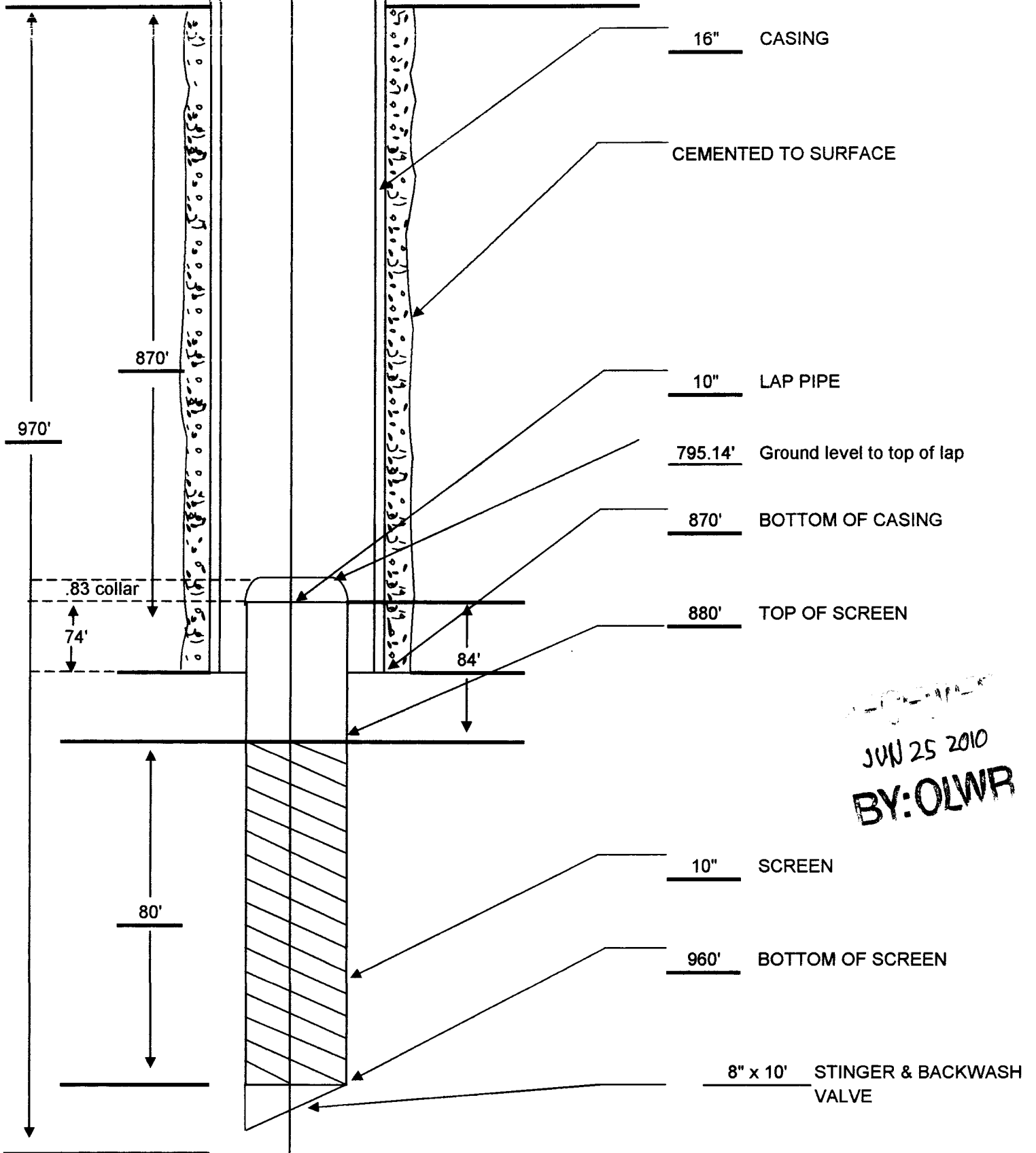
Form: OLWR-SWR-1C (07-09)

BY: OLWR

City of Bay Springs
East 8th Avenue Well

2007 JSZ

Jasper Co



JUN 25 2010
BY: OLWR