

065

### State Well Report Part I - 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)

County: Jefcerson Davis  
 Permit #: GW 16171  
 Driller: Griner Drilling  
 Date drilling completed: 05/01/13  
3-4-2012

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: F83  
 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.*

<b>Information on Well Owner</b> (Landowner if borehole is not for a water well) Owner Name: <u>Lily Rose Water Association</u> Mailing Address: <u>P.O. Box 1042</u>  <u>Prentiss</u> <u>MS</u> <u>39474</u> City                      State                      Zip Code Telephone No. ( ) _____			<b>Well or Borehole Location</b> Latitude: <u>31°32'25.34"N</u> Longitude: <u>89°50'12.28"W</u> Method of Lat/Long (check one): Conventional Survey <input type="radio"/> USGS quad <input type="radio"/> Hand-held GPS <input checked="" type="radio"/> Survey-grade GPS <input type="radio"/> <u>SE</u> ¼ <u>SW</u> ¼ Sec <u>29</u> Twn <u>7N</u> Rng <u>18W</u> Distance      Direction      Nearest Town <u>4</u> Miles <u>SW</u> of <u>Prentiss</u> <u>Dickens Dyess Road Well</u>		
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**Well / Borehole Data**  
 Date drilling started: 02/12/12      Date drilling completed: 03/04/12      Hole depth: 500'      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: 183.13 feet above  or below  land surface      Date measured: 03/27/12  
 Method of Measurement (check one) steel tape  electric tape  air line  other: \_\_\_\_\_  
 Well depth: 415'      Well grouted to a depth of 365' feet      Type of grout (check one): Neat Cement  Bentonite  Mix   
 Casing length: 355 feet      Casing diameter: 16" inches      Type of casing: Steel  
 Screen length: 50 feet      Screen diameter: 8" inches      Type of screen: Stainless Steel  
 Screen slot size: .020 inches      Setting depth: From 365 feet to 415 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: 295 feet. *If telescoped or more than one screen, describe on next page*

MSD# # 0330009-03

Form: OLWR-SWFD-04/08  
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 MAY 28 2013  
 BY: OLWR

P03

Jeff Davis

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →

<p>see attached well</p>	<p>drawing</p>
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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)
Sand & Gravel	Ground Level	110'
Clay	110'	258'
Sand	258'	452'
Clay	452'	500'

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 photo

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      05/23/13

Print Name of Responsible Licensee and License No.      Date

*Charles H. Griner*

Signature of Licensee

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# 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)

County: Jefferson Davis  
Permit #: GW 16171  
Driller: Griner Drilling Service, Inc.  
Date completed: 05/01/13  
*Copy information from block on Part 1*

**For Office Use Only:**  
Aquifer: \_\_\_\_\_  
Well #: F83  
Elevation: \_\_\_\_\_

*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>Lily Rose Water Association</u>	Latitude: <u>31°32'25.31"N</u> Longitude: <u>89°50'12.28"W</u>
Mailing Address: <u>P.O. Box 1042</u>	Method of Lat/Long (check one): Conventional Survey <input type="radio"/> , USGS quad <input type="radio"/> , Hand-held GPS <input checked="" type="radio"/> , Survey-grade GPS <input type="radio"/>
<u>Prentiss</u> <u>MS</u> <u>39474</u>	<u>1/4</u> <u>1/4</u> Sec <u>T</u> <u>R</u>
City State Zip Code	Distance Direction Nearest Town <u>4</u> Miles <u>SW</u> of <u>Prentiss</u>
Telephone No. ( ) _____	

Pump Type Check one	Power Type Check one
Air Lift <input type="radio"/> Jet <input type="radio"/> Submersible <input type="radio"/>	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/>
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine <input checked="" type="radio"/>	Electric Motor <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>05/10/12</u>	Setting Depth: <u>255</u> feet
Rated Pump Capacity: <u>300</u> Gallons Per Minute	Number of Stages: <u>5</u>

Pump Test Data	Method of Measuring Water Level Check one
Date Well Tested: <u>03/27/12</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input checked="" type="radio"/>
Static Water Level (A): <u>186.13</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>196.35</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10.22</u> Feet Below Land Surface	Well yielded <u>300</u> GPM with a drawdown of
Test Pumping Rate: <u>300</u> Gallons Per Minute	<u>10.22</u> feet after <u>24</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

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)

Charles H. Griner  
Signature of Pump Installer

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MAY 28 2013

Form: OLWR-SWB-C (07-09) BY: OLWR