

0330004-09

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 39225-2309
(601)961-5210
(601)360-0535 (fax)

County: Jefferson Davis
 Permit #: GW16993
 Driller: Griner Drilling Service, Inc.
 Date drilling completed: 03/26/13

For Office Use Only:
 Well #: K7A
 Aquifer: _____
 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.

Well Owner Information <i>(Landowner if borehole is not for a water well)</i>			Well or Borehole Location		
Owner Name: <u>Good Hope Water Association</u>			Latitude: <u>31°30'11.80"N</u> Longitude: <u>89°43'43.42"W</u>		
Mailing Address: <u>P.O. Box 177</u>			Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____		
<u>Bassfield</u>	<u>MS</u>	<u>39421</u>	<u>NW ¼ NE ¼, Sec 8 T 6 N R 17 W</u>		
City	State	Zip Code	<u>1</u> Miles <u>S</u> of <u>Bassfield</u>		
Telephone No. (____) _____			(Distance)	(Direction)	(Nearest Town)

Well / Borehole Data

Date drilling started: 03/21/13 Date drilling completed: 03/26/13 Hole depth: 494' Hole diameter: 17"

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 (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): Griner Drilling Service, Inc.

Purpose of borehole (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

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

Static Water Level: 171.35 feet [above or below] land surface Date measured: 10/17/13
(circle one)

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Well depth: 400' Well grouted to a depth of: 345 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 345' feet Casing diameter: 12 inches Type of casing: A53B

Screen length: 40 feet Screen diameter: 8" inches Type of screen: 304 Stainless Steel

Screen slot size: .020 inches Setting depth: From 360 feet to 400 feet

Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: 300 feet

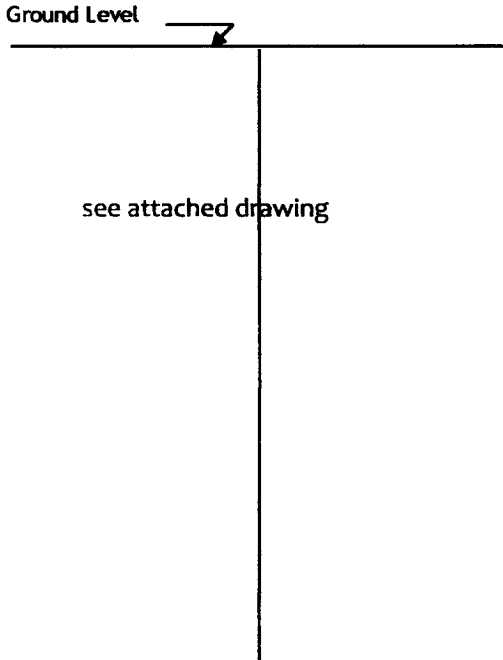
If telescoped or more than one screen, describe on next page

County: Jefferson Davis
 Permit #: OLW 16993

For Office Use Only:
 Well #: 1574

The sketch below only required for water wells

If well telescopes, show depths on sketch.



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 & Clay	Ground level	84'
Sand, Clay & Gravel	84'	116'
Clay	116'	138'
Sand & Clay	138'	148'
Clay	148'	150'
Sand & Clay	150'	160'
Clay	160'	180'
Sand & Clay	180'	190'
Sand	190'	502'

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) north arrow

see attached photo

Landowner Name: _____

I HEREBY 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 11/12/13 Charles H. Griner
 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 39225-2309
(601)961-5210
(601) 360-0535 (fax)

County: Jefferson Davis
Permit #: _____
Driller: Griner Drilling Service, Inc.
Date completed: 10/17/13
Copy information from block on Part 1

For Office Use Only:

Well #: K74
Aquifer: _____

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>Good Hope Water Association</u>	Latitude: <u>31°30'11.80"N</u> Longitude: <u>89°43'43.42"W</u>
Mailing Address: <u>PO Box 177</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Bassfield</u> MS <u>39421</u>	_____ ¼ _____ ¼, Sec _____ T _____ R
City State Zip Code	<u>1</u> Miles <u>S</u> of <u>Bassfield</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 06/19/13 Rated Pump Capacity: 375 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 30 Setting Depth: _____ feet Number of Stages: 5

Pump Test Data for Non Flowing Well

Date Well Tested: 10/17/13 Duration of Pump Test (minimum 4 hours): 6 hours

Static Water Level (A): 171.35 Feet Below Land Surface Pumping Water Level (B): 193.97 Feet Below Land Surface

Drawdown [(B) - (A)]: 22.62 Feet Below Land Surface Test Pumping Rate: 400 Gallons Per Minute

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: N/A Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: _____

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: _____ Meter installed by: _____

Is This Meter (circle one): New Repaired Replacement

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Charles H. Griner Sr. 0-184 11/12/13 Charles H. Griner
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

GOOD HOPE WATER ASSN. WELL NO. 3
25-Mar-13

