County:	Jones
Permit #:	MS-6W-17140
	Griner Drilling
Date drilling completed: $\frac{8-5-1}{2}$	

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)

For Office Use Only: Well #: <u>P2/2</u>		
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.

Department at the above address within 50 days of con	infletion of uniting of the weat of borehole.	
Well Owner Information	Well or Borehole Location	
(Landowner if borehole is not for a water well) Owner Name: Town of Sandersville	Latitude: <u>31 48'02.80</u> Longitude: <u>89 01'42.22</u> W	
Mailing Address:PO_Box_692	Method of Lat/Long (check one): Conventional Survey,	
	USGS quad, Hand-held GPS_X_, Survey-grade GPS	
Sandersville MS 39477	¼¼, Sec_ 29 _ T 10N_R10W	
City State Zip Code		
Telephone No. (601) 428-0992	Milesof <u>Sandersville</u> (Distance) (Direction) (Nearest Town)	
	Borehole Data	
Date drilling started: $6-23-14$ Date drilling completed:	$-\frac{8-5-14}{10}$ Hole depth: <u>210</u> Hole diameter: <u>18.5</u> "	
Location of the source of any surface water used for drilli	ng:	
Method of dosing and volume of Chlorine used in drilling a	nd development:	
Logs run (circle all applicable): No log run Ælectric ^X Gamr	na Ray Density Sonic Neutron Other:	
Name of organization running log(s): <u>Griner Dril</u>	ling Service, Inc	
Purpose of borehole (<i>circle one</i>): Water WellXX Geotechnical/Geological Investigation Ground Source Heat Pump		
Seismic Survey Other	(describe)	
If drilling is not related to water well c	onstruction, skip the remainder of this block	
Purpose of Well (<i>circle all applicable</i>): Home Industrial ^{Xp} ublic Supply Irrigation Fish Culture		
Other (describe):		
If a flowing well, method of flow regulation: Valve Other (<i>describe</i>)		
Static Water Level: <u>52.98</u> feet [above or ^X below] land surface Date measured: <u>8-14-14</u> (<i>circle one</i>)		
Method of measurement (circle one): Steel tape Xelectric tape Air line Other (describe):		
Well depth: $\frac{180}{}$ Well grouted to a depth of: $\frac{140}{}$ feet Type of grout (<i>circle one</i>) Weat Cement Bentonite Mix		
Casing length: <u>140</u> feet Casing diameter: <u>12.75</u> inches Type of casing: <u>Steel Coated</u>		
Screen length: <u>30'</u> feet Screen diameter: <u>8.625</u> "inches Type of screen: <u>304</u> SS Rod		
Screen slot size: <u>.020</u> inches Setting depth:	From <u>150</u> feet to <u>180</u> feet	
Type of completion (<i>circle all applicable</i>): ^X Gravel packed Underreamed Open hole Natural Development		
Other (describe):		
Top of lap pipe or reduction in casing:feet		

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

Form: OLWR-SWR-1A (4/13)

County:	Jones
Permit #:	MS-64-17/40

If well telescopes, show depths on sketch.

K

Ground Level

The sketch below only required for water wells

Fe	or Offic	ce Use	Only:
Well #:	D2	12	

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)
Gravel	Ground level	55'
Clay & Gravel	55'	150'
Sand	150'	180'
Clay	180'	210'
		······
]

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

Google Earth Picture attached

Landowner Name: _______ Of Sandersville

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.

<u>Charles H. Griner 0-184</u>	10-21-14	
Print Name of Responsible Licensee and License No.	Date	Signature of Licensee

Form: OLWR-SWR-1A (4/13)

STATE WELL REPORT

County:	Jones	
	MS-GW-17140	
Driller:	Griner Drilling	
Date completed: 8-5-14		
<u>Copy information from block on Part 1</u>		

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)

For Office Use Only:		
Well #: D212		
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: Town of Sandersville	Latitude:	
Mailing Address: PO Box 692	Method of Lat/Long (check one): Conventional Survey,	
	USGS quad, Hand-held GPS_X_, Survey-grade GPS	
Sandersville MS 39477	<u>14</u> <u>14</u> , Sec <u>29</u> <u>T</u> <u>10N</u> <u>R</u> 10W	
City State Zip Code		
Telephone No. ()	Miles of (Distance) (Direction) (Nearest Town)	
Pump Typ	be (c ircle one)	
Submersible XX Furbine Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other (<i>describe</i>):	
	ated Pump Capacity:250Gallons Per Minute	
Is This Pump (circle one): XNew Repaired Replacemen	it	
	pe (circle one)	
Rectric Diesel Gasoline Natural Gas Tractor PTO Wind		
Horse Power Rating of Motor: <u>20</u> Setting Dept	h: <u>100</u> feet Number of Stages: <u>9</u>	
Pump Test Data	for Non Flowing Well	
Date Well Tested:8-14-14	Duration of Pump Test (<i>minimum 4 hours</i>): <u>24</u> hours	
Static Water Level (A): 52.98 Feet Below Land Surface Pumping Water Level (B): 78.94 Feet Below Land Surface		
Drawdown [(B) - (A)]: 25.96 Feet Below Land Surface Test Pumping Rate: 250 Gallons Per Minute		
Method of measurement (circle one): Steel tape X dectric ta	pe Air line Other (<i>describe</i>):	
Pump Test Dat	a for Flowing Well	
Measured shut in head:feet.		
Well yieldedGPM with a drawdown of	feet afterhours of pumping	
Meter Installation		
Meter Manufacturer: Used existing mete:	r 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.		
John Gay Jr. 10-21-14		
Print Name of Pump Installer and License No. (if applicable)	Date Signature of Pump Installer	