

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: <u>Jones</u>
Permit #: <u>01017094</u>
Driller: <u>Griner Drilling Service</u>
Date drilling completed: <u>8-19-13</u>

For Office Use Only:
Well #: <u>5166</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.

Well Owner Information <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>South Mississippi Electric Power</u>	Latitude: <u>31 31' 44.48"N</u> Longitude: <u>89 18' 12.28" W</u>
Mailing Address: <u>Post Office Box 15849</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
Hattiesburg Mississippi 39404	<u>SW 1/4 NE 1/4</u> , Sec. <u>33</u> T. <u>7N</u> R. <u>13W</u>
City State Zip Code	<u>12</u> Miles <u>North</u> of <u>Hattiesburg</u>
Telephone No. (601) <u>705-6638</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>7-1-13</u> Date drilling completed: <u>8-19-13</u> Hole depth: <u>300</u> Hole diameter: <u>30</u>
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 <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): <u>Griner Drilling Service, Inc</u>
Purpose of borehole (circle one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (circle all applicable): Home <input checked="" type="checkbox"/> Industrial Public Supply Irrigation Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>64</u> feet [above or below] land surface Date measured: <u>September 17, 2013</u> (circle one)
Method of measurement (circle one): Steel tape <input checked="" type="checkbox"/> Electric tape Air line Other (describe): _____
Well depth: <u>260</u> Well grouted to a depth of: <u>170</u> feet Type of grout (circle one): Neat Cement Bentonite <input checked="" type="checkbox"/> Mix
Casing length: <u>170</u> feet Casing diameter: <u>24</u> inches Type of casing: <u>Steel Coated</u>
Screen length: <u>80</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>rod base</u>
Screen slot size: <u>.020</u> inches Setting depth: From <u>180</u> feet to <u>260</u> feet
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed Underreamed Open hole Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: <u>0</u> feet 16" certa-loc to surface
<i>If telescoped or more than one screen, describe on next page</i>

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: Jones
 Permit #: _____
 Driller: Griner Drilling Service
 Date completed: 8-19-13
Copy information from block on Part 1

For Office Use Only:

Well #: J166
 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>South Mississippi Electric Power Asso</u>	Latitude: <u>31 31'44.48 'N</u> Longitude: <u>89 18'12.28"W</u>
Mailing Address: <u>Post Office Box15849</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Hattiesburg</u> <u>Mississippi</u> <u>39404</u>	_____ ¼ _____ ¼, Sec <u>33</u> T <u>7N</u> R <u>13W</u>
City State Zip Code	<u>12</u> Miles <u>North</u> of <u>Hattiesburg</u>
Telephone No. (<u>601</u>) <u>705-6638</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 10-1-13 Rated Pump Capacity: 1500 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: 150 Setting Depth: 130 feet Number of Stages: 6

Pump Test Data for Non Flowing Well

Date Well Tested: 11-13-13 Duration of Pump Test (minimum 4 hours): 8 hours

Static Water Level (A): 64 Feet Below Land Surface Pumping Water Level (B): 110 Feet Below Land Surface

Drawdown [(B) - (A)]: 46 Feet Below Land Surface Test Pumping Rate: 1500 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: Water Specialties Meter Serial Number: 2013-8

Meter Model Number/Name: ML-04 Type of Meter: Propeller

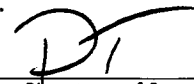
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): X 1000

Installation Date: 10-21-13 Meter installed by: Griner Drilling Service, Inc.

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.

Dan Tuggle 10-1-13 

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer