

County: Lamar  
 Permit #: MS-6W-16247  
 Driller: Griner Drilling Service  
 Date drilling completed: June 15, 2006

**Well Driller Report and Well Log**

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601) 961-5210  
 (601) 354-6938 (fax)

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: C-142  
 L.S. Elevation: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information		Well Location	
Owner Name	<u>West Lamar Water Association</u>	Latitude:	<u>31 17.635</u> <u>38</u>
Mailing Address:	<u>2716 Highway 589</u>	Longitude:	<u>89 34 .538</u> <u>17</u>
		Method of Lat/Long (circle one): <u>Conventional Survey</u>	
		Google Earth	
City	<u>Hattiesburg</u>	<u>NE 1/4 SE 1/4 Sec 23 Twn 4 N Rng 16 W</u>	
State	<u>MS</u>	Distance	<u>10 Miles</u>
Zip Code	<u>39402</u>	Direction	<u>West</u>
Telephone No.	<u>601 264-6305</u>	Nearest Town	<u>Hattiesburg on Hwy 98</u>

**Well Data**

Purpose of Well (circle one) Home Industrial (Public Supply) Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 3-Jan-06 Date well drilling completed: June 15, 2006

If flowing, method of flow regulation: \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 286 feet above or (below) (circle one) land surface Date measured: June

Method of Measurement (circle one) steel tape (electric tape) air line other: \_\_\_\_\_

Hole depth: 1107' Well depth: 1097' Well grouted to a depth of 1050 feet

Type of grout (circle one): Cement Bentonite (Mbt)

Casing length: 1050' feet Casing diameter: 16 inches Type of casing: Steel

Screen length: 40 feet Screen diameter: 10 inches Type of screen: Munipak

Screen slot size: 0.02 inches Setting depth: From 1059 feet to 1097 feet

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

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: 977 feet. If telescoped or more than one screen, describe on back of page

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.

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Griner Drilling Service, Inc. 0-581  
 Print Name of Water Well Contractor and License No.

Chad H. Griner  
 Signature of Water Well Contractor

if well telescopes please sketch below and show depths

C-142

Ground Level

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Description of Formations Encountered	From	To
Sand	25'	105'
Clay	105'	170'
Sand	170'	240'
Clay	240'	380'
Sand	380'	570'
Clay	570'	700'
Sand	700'	880'
Clay	880'	1055'
Sand	1055'	1100'
Clay & Sand	1100'	1200'

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) indicate direction.

under elevated tank

Landowner Name: West Lamar Water Association

  
 \_\_\_\_\_  
 Signature of Water Well Contractor

# STATE WELL REPORT

## Part 2

### Pump Installer's Completion Report

County: <u>Lamar</u>
Permit #: _____
Driller: <u>Griner Drilling Service</u>
Date Completed <u>14-Jun-06</u>

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)


For Office Use Only:	
Aquifer: _____	Well #: <u>C-142</u>
Elevation: _____	

**This report must be prepared by the pump installer in detail and filed with the Department with 30 days of the installation of pump. A copy of Part 1 of this report must be attached to the report.**

Well Owner Information	Well Location
Owner Name <u>West Lamar Water Association</u>	Latitude: <u>31 17 31</u> Longitude: <u>89 34 17</u>
Mailing Address: <u>2716 Highway 589</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City <u>Hattiesburg</u> State <u>MS</u> Zip Code <u>39402</u>	<u>NE</u> 1/4 <u>SE</u> 1/4 Sec <u>23</u> Twn <u>4</u> Rng <u>16W</u>
Telephone No. <u>601 264-6305</u>	Distance <u>10 Miles west</u> Direction <u>of Hattiesburg</u> Nearest Town

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piton <input type="checkbox"/> (Turbine) <input type="checkbox"/>	(Electric Motor) <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>125</u>
Date Pump Installed: <u>8/13/2006</u>	Setting Depth: <u>470</u> feet
Rated Pump Capacity: <u>500</u> Gallons per minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: <u>6/14/2006</u>	Air Line <input type="checkbox"/> (Electric Measuring Line) <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>286</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>362</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>76</u> Feet Below Land Surface	Well yielded <u>500</u> GPM with a drawdown of <u>76</u>
Test Pumping Rate: <u>500</u> Gallons Per Minute	_____ feet after <u>24</u> hours of pumping
Duration of Pump test (minimum 4 hours): <u>24</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.	
Griner Drilling Service, Inc. 0-581 Print Name of Pump Installer and License No. (if applicable)	 Signature of Pump Installer