

County: Lamar
 Permit #: MS G.W-16412
 Driller: Griner Drilling Service
 Date drilling completed: July 16, 2009

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 #: E 297
 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</u> 19-09-85 <u>N</u>	Longitude: 89 <u>24</u> 45.58 <u>W</u>
Mailing Address:	<u>2716 Highway 589</u>		Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS	
	<u>Hattiesburg</u>	<u>Mississippi</u> <u>39402</u>	<u>SW</u> 1/4 <u>SW</u> 1/4 Sec <u>09</u> Twn <u>AN</u> Rng <u>14W</u>	
	City	State Zip Code	Distance	Direction
Telephone No. <u>601 264-6305</u>			<u>1</u> Miles	<u>west</u> of <u>Hattiesburg</u>

Well Data

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

Date well drilling started: 12/1/2008 Date well drilling completed: 6-17-09

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

Static Water Level: 367 feet above or (below) (circle one) land surface Date measured: 2-18-09

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

Hole depth: 1300 Well depth: 1248 Well grouted to a depth of ### feet

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

Casing length: 1180 feet Casing diameter: 16 inches Type of casing: Steel

Screen length: 60 feet Screen diameter: 10 inches Type of screen: Rod Base

Screen slot size: 0.02 inches Setting depth: From 1188 feet to 1248 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: 1104 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. R.
 Signature of Water Well Contractor

RECEIVED
AUG 18 2010
BY: OLWR

If well telescopes please sketch below and show depths

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County: <u>Lamar</u>
Permit #: _____
Driller: <u>Griner Drilling Service</u>
Date Completed: <u>7/16/2009</u>

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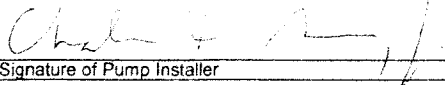
For Office Use Only:	
Aquifer: _____	
Well #: <u>E-297</u>	
Elevation: _____	

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 19°09.85'N</u> Longitude: <u>89 24'45.58"W</u> <u>19-09</u> <u>89-24-51</u>
Mailing Address: <u>2716 Highway 589</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS
City: <u>Hattiesburg</u> State: <u>Mississippi</u> Zip Code: <u>39402</u>	<u>SW</u> 1/4 <u>SW</u> 1/4 Sec <u>9</u> Twn <u>4N</u> Rng <u>14W</u>
Telephone No.: _____	Distance: <u>1 Miles</u> Direction: <u>West</u> Nearest Town: <u>of Hattiesburg</u>

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>150</u>
Date Pump Installed: <u>2/9/2009</u>	Setting Depth: <u>500</u> feet
Rated Pump Capacity: <u>500</u> Gallons per minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: <u>2/12/2009</u>	Air Line <input type="checkbox"/> (Electric Measuring Line) <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>367.5</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>449</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>82</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>500</u> Gallons Per Minute	
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

E.247

