

County: Lauderdale
 Permit #: 16206
 Driller: Griner Drilling
 Date drilling completed: 2/2/2006

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 #: H-103
 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>Town of Marion</u>	Latitude: _____ " Longitude: _____ "
Mailing Address: <u>PO Box 310</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS
<u>Marion MS 39342</u>	<u>1/4 1/4 Sec 35 Twn 7n Rng 16e</u>
City: <u>Marion</u> State: <u>MS</u> Zip Code: <u>39342</u>	Distance: <u>0</u> Miles Direction: <u>north</u> of Nearest Town: <u>Marion on Lockheed Drive</u>
Telephone No. <u>601-483-9573</u>	

Well Data

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

Date well drilling started: 4/14/2005 Date well drilling completed: 2/2/2006

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

Static Water Level: 210 feet above or (below) (circle one) land surface Date measured: 2/15/2006

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

Hole depth: 787 Well depth: 753 Well grouted to a depth of 695 feet

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

Casing length: 695 feet Casing diameter 10.75 inches Type of casing: steel

Screen length: 40 feet Screen diameter 6 inches Type of screen: stainless; munipak

Screen slot size: 0.02 inches Setting depth: From 703 feet to 743 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: 621 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. _____
 Signature of Water Well Contractor: [Signature]

If well telescopes please sketch below and show depths

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County:	Laudeerdale
Permit #:	
Driller:	Griner Drilling Serv.
Date Completed:	2/25/2006

Mississippi Department of Environmental Quality
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For Office Use Only:	
Aquifer:	
Well #:	H-103
Elevation:	

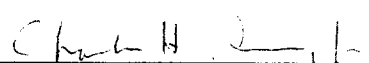
This report must be prepared by the pump installer in detail and filed with the Department with 30 days of the installation of pump. A copy of Part 1 of this report must be attached to the report.

Well Owner Information	Well Location
Owner Name: <u>Town of Marion</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>PO Box 310</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Marion MS 39342</u>	<u>1/4 1/4 Sec 35 Twn 7N Rng 16E</u>
City: _____ State: _____ Zip Code: _____	Distance: _____ Direction: _____ Nearest Town: _____
Telephone No. <u>601-483-9573</u>	<u>0 Miles north of Marion on Lockheed Drive</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piton <input type="checkbox"/> (Turbine) <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____	<input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> (Electric Motor) <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>310</u> feet Number of Stages: <u>8</u>
Date Pump Installed: <u>2/7/2006</u>	
Rated Pump Capacity: <u>425</u> Gallons per minute	

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: <u>2/15/2006</u>	<input type="checkbox"/> Air Line <input type="checkbox"/> (Electric Measuring Line) <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>210</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>279</u> Feet Below Land Surface	
Drawdown {(B) - (A)}: <u>69</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>542</u> Gallons Per Minute	Well yielded <u>542</u> GPM with a drawdown of
Duration of Pump test (minimum 4 hours): <u>12</u> hours	<u>69</u> feet after <u>12</u> hours of pumping

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
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