

County: Lawrence
 Permit #: MS 010-16343
 Driller: Griner Drilling Service
 Date drilling completed: 5/13/2008

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 #: M 70
 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>Jayess Topeka-Tilton Water Association</u>	Latitude: <u>31 24'52.16 "N</u> Longitude: <u>90 11'16 .42"N</u>
Mailing Address: <u>23 Bismark Rd.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Jayess</u> MS. <u>39641</u>	USGS quad, Hand-held GPS, Survey-grade GPS <u>Google Earth</u>
City State Zip Code	<u>NE</u> 1/4 <u>SW</u> 1/4 Sec <u>10</u> Twn <u>5N</u> Rng <u>10E</u>
Telephone No. <u>(601) 587-2131</u>	Distance Direction Nearest Town
	<u>0.12</u> Miles <u>South</u> of <u>Holmesville/Topeka-Jayess Rd.</u>

Well Data

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

Date well drilling started: 4/17/2008 Date well drilling completed: 4/24/2008

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

Static Water Level: 98.65 feet above or below (circle one) land surface Date measured: 5-13-08

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

Hole depth: 270 Well depth: 188 Well grouted to a depth of 128 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 128 feet Casing diameter: 20 inches Type of casing: Black Steel

Screen length: 50 feet Screen diameter: 12 inches Type of screen: 304 SS

Screen slot size: 0.020* inches Setting depth: From 138 feet to 188 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: 78 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.

Charles H. Griner 0-184
 Print Name of Water Well Contractor and License No.

Charles H. Griner
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County: <u>Lawrence</u>
Permit #: <u>MS-CW-16343</u>
Driller: <u>Griner Drilling Service Inc</u>
Date Completed: <u>5/13/2008</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>M70</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>Jayess Topeka-Tilton Water Association</u>	Latitude: 31° 24'52.16" N Longitude: 90° 11'16.42" W						
Mailing Address: <u>23 Bismark Rd.</u>	Method of <u>Lat/Long</u> (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS						
<table style="width: 100%; border: none;"> <tr> <td style="border: none;"><u>Jayess</u></td> <td style="border: none; text-align: center;"><u>MS</u></td> <td style="border: none; text-align: right;"><u>39641</u></td> </tr> <tr> <td style="border: none;">City</td> <td style="border: none; text-align: center;">State</td> <td style="border: none; text-align: right;">Zip Code</td> </tr> </table>	<u>Jayess</u>	<u>MS</u>	<u>39641</u>	City	State	Zip Code	<u>NE</u> 1/4 <u>SW</u> 1/4 Sec <u>10</u> Twn <u>5N</u> Rng <u>10E</u>
<u>Jayess</u>	<u>MS</u>	<u>39641</u>					
City	State	Zip Code					
Telephone No. <u>(601) 587-2131</u>	Distance: <u>0.12</u> Miles Direction: <u>South</u> Nearest Town: <u>Holmesville/Topeka-Jayess Rd</u>						

Pump Type Circle one	Power Type Circle one
Air Lift: <u>Jet</u> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket: <u>Piton</u> <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal: <u>Rotary</u> <u>Flowing Well</u>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>7/7/2008</u>	Setting Depth: <u>160</u> feet
Rated Pump Capacity: <u>600</u> Gallons per minute	Number of Stages: <u>4</u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: <u>5/13/2008</u>	Air Line: <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>98.65</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>122</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>24</u> Feet Below Land Surface	Well yielded <u>602</u> GPM with a drawdown of
Test Pumping Rate: <u>602</u> Gallons Per Minute	<u>24</u> feet after <u>24</u> hours of pumping
Duration of Pump test (minimum 4 hours): <u>2 4</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Charles H. Griner 0-184
Print Name of Pump Installer and License No. (if applicable)


Signature of Pump Installer