

040009-04

County: Leake
 Permit #: GW16719
 Driller: Griner Drilling Service, Inc.
 Date drilling completed: 7-12-12

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
 (601)961- 5210
 (601)961- 5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: A23
 L. S. Elevation: _____
 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.

<p align="center">Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name <u>Thomastown Water Association</u> Mailing Address: <u>Post Office Box 81</u> <u>Thomastown MS 39171</u> City State Zip Code Telephone No. <u>(601) 267-8514</u></p>	<p align="center">Well or Borehole Location</p> <p>Latitude: <u>32 52' 15.62"N</u> Longitude: <u>89 39' 46.55"W</u> Method of Lat/Long (check one): Conventional Survey <input type="radio"/> USGS quad <input type="radio"/> Hand-held GPS <input checked="" type="radio"/> Survey-grade GPS <input type="radio"/> <u>NE 1/4 NE 1/4 Sec 27</u> Twn <u>12N</u> Rng <u>6E</u> Distance Direction Nearest Town <u>1</u> Miles <u>North</u> of <u>Thomastown</u></p>
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Well / Borehole Data

Date drilling started: 3-7-12 Date drilling completed: 7-12-12 Hole depth: 1120' Hole diameter: 18.5"

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 (check all applicable): None Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): Griner Drilling Service, Inc.

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
 Seismic Survey Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

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

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

Static Water Level: 117.98' feet above or below land surface Date measured: 5-9-12

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

Well depth: 978' Well grouted to a depth of 900' feet Type of grout (check one): Neat Cement Bentonite Mix

Casing length: 900' feet Casing diameter: 12.75 inches Type of casing: Steel

Screen length: 60' feet Screen diameter: 8.625 inches Type of screen: Munipak

Screen slot size: .020 inches Setting depth: From 918' feet to 978' feet

Type of completion (check all applicable): Gravel packed Underreamed Telescoped Open hole
 Natural Development Other (describe): _____

Top of lap pipe or reduction in casing: 836' feet. *If telescoped or more than one screen, describe on next page*

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Gravel, Sand	Ground Level	300'
Streaky sand, Clay	300	360
Clay/Sand Streaks	360'	520'
Clay	520'	620'
Sand	620	710
Clay	710	850
Sand	850	980
Clay	980	1120

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) a north arrow.

Landowner Name: Thomastown Water Association

Form: OLWR-SWR-1A (04/08)

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

Charles H. Griner May 12, 2012

Print Name of Responsible Licensee and License No. Date Signature of Licensee

County: Leake
 Permit #: _____
 Driller: Griner Drilling Service, Inc
 Date completed: 7-12-12
Copy information from block on Part 1

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
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: A23
 Elevation: _____

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.

<p>Well Owner Information</p> <p>Owner Name: <u>Thomastown Water Association</u> Mailing Address: <u>Post Office Box 81</u> <u>Thomastown MS 39171</u> City State Zip Code Telephone No. (<u>601</u>) <u>267-8514</u></p>	<p>Well Location</p> <p>Latitude: <u>32 52' 15.62"N</u> Longitude: <u>89 39' 46.55"W</u> Method of Lat/Long (check one): Conventional Survey <input type="radio"/> USGS quad <input type="radio"/> Hand-held GPS <input checked="" type="radio"/> Survey-grade GPS <input checked="" type="radio"/> <u>1/4</u> <u>1/4</u> Sec <u>27</u> T <u>12N</u> R <u>6E</u> Distance Direction Nearest Town <u>1</u> Miles <u>North</u> of <u>Thomastown</u></p>
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<p>Pump Type Check one</p> <p>Air Lift <input type="radio"/> Jet <input type="radio"/> Submersible <input type="radio"/> Bucket <input type="radio"/> Piston <input type="radio"/> Turbine <input checked="" type="radio"/> Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well <input type="radio"/> Other (specify): _____ Date Pump Installed: <u>April 25, 2012</u> Rated Pump Capacity: <u>324</u> Gallons Per Minute</p>	<p>Power Type Check one</p> <p>Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> Electric Motor <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>40</u> Setting Depth: <u>190</u> feet Number of Stages: <u>9</u></p>
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<p>Pump Test Data</p> <p>Date Well Tested: <u>May 9, 2012</u> Static Water Level (A): <u>117.98</u> Feet Below Land Surface Pumping Water Level (B): <u>158.27</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>40.29</u> Feet Below Land Surface Test Pumping Rate: <u>324</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>24</u> hours</p>	<p>Method of Measuring Water Level Check one</p> <p>Air Line <input type="radio"/> Electric Measuring Line <input checked="" type="radio"/> Steel Tape <input type="radio"/> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>324</u> GPM with a drawdown of <u>40.29</u> feet after <u>24</u> hours of pumping</p>
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This is for (check one): New Well Replacement of Existing Pump Repair of Existing Pump

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

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

Charles H. Griner
 Signature of Pump Installer

