

County: Marion
 Permit #: MS-GW-16881
 Driller: Griner Drilling Service, Inc.
 Date drilling completed: 10/05/11

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 #: B69
 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.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Bunker Hill Water Association</u>	Latitude: <u>31 22' 21.25" N</u> Longitude: <u>89 53' 26.84" W</u>
Mailing Address: <u>282 Grice Road</u>	Method of Lat/Long (check one): Conventional Survey <input type="radio"/>
<u>Columbia MS 39429</u>	USGS quad <input type="radio"/> Hand-held GPS <input checked="" type="radio"/> Survey-grade GPS <input type="radio"/>
City State Zip Code	<u>NW 1/4 NW 1/4 Sec 26 Twn 5N Rng 19W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>1 Miles North of Goss, MS</u>

Well / Borehole Data

Date drilling started: 05/10/11 Date drilling completed: 05/11/11 Hole depth: 180' Hole diameter: 32"

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: 63.35 feet above or below land surface Date measured: 08/25/11

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

Well depth: 162 Well grouted to a depth of 85 feet Type of grout (check one): Neat Cement Bentonite Mix

Casing length: 110 feet Casing diameter: 24 inches Type of casing: Certaloc

Screen length: 30 feet Screen diameter: 12" inches Type of screen: SS. 304

Screen slot size: .030 inches Setting depth: From 120 feet to 162 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: _____ feet. *If telescoped or more than one screen, describe on next page*

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

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B69

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level \rightarrow

see attached drawing

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)
Clay & Gravel	Ground Level	20'
Gravel & Clay	20'	40'
Clay & Rock	40'	60'
Clay & Sand	60'	80'
Sand & Pea Gravel	80'	100'
Sand	100'	120'
Sand & Clay	120'	180'

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.

see attached photo

Landowner Name: _____

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, Sr 0-184 01/11/12

Charles H. Griner
Signature of Licensee

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Print Name of Responsible Licensee and License No. Date

BUNKER HILL WATER ASSOCIATION
WELL 3 GOSS SITE

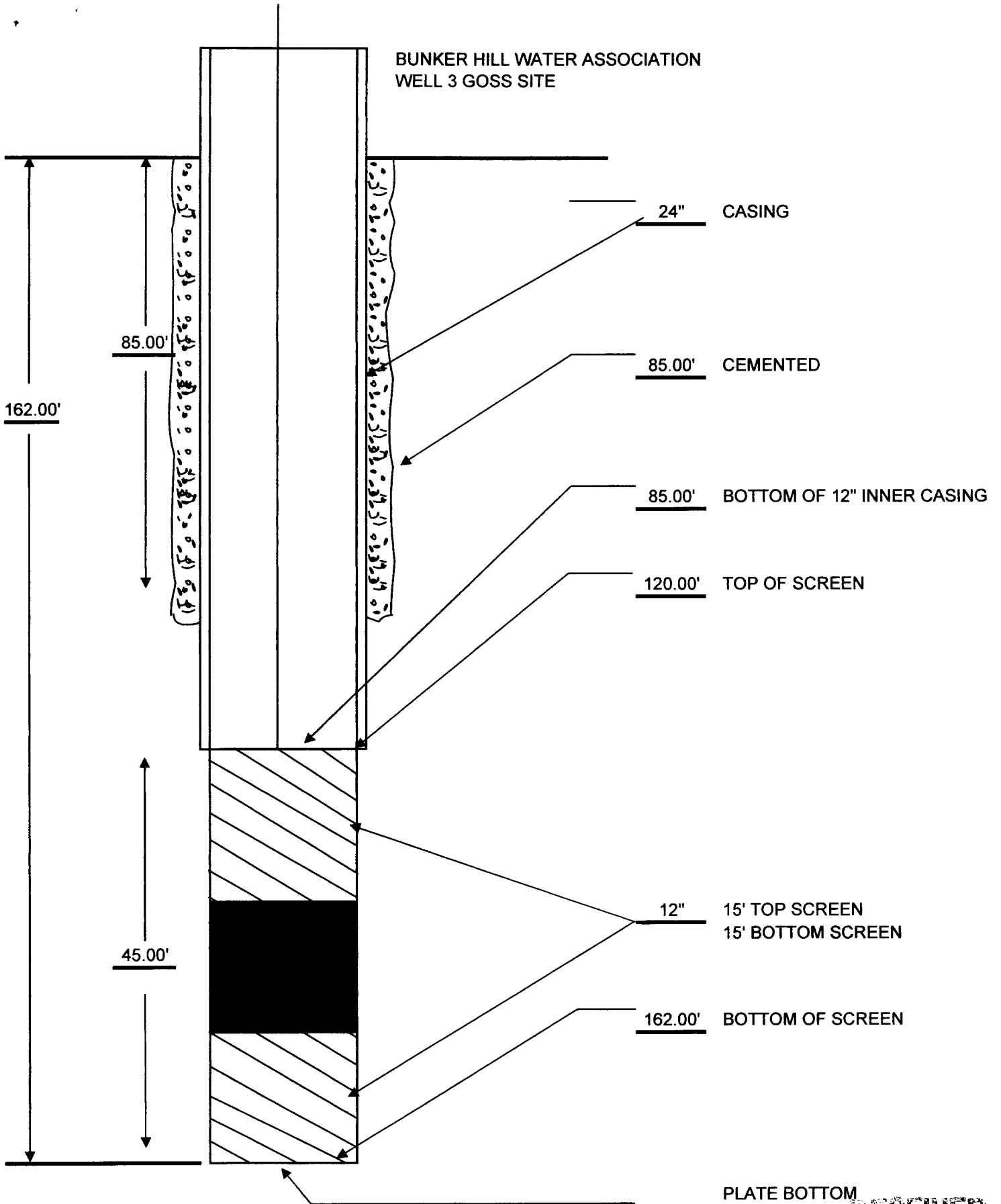


PLATE BOTTOM

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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)

County: Marion
Permit #: _____
Driller: Griner Drilling Service
Date completed: 10/05/11
Copy information from block on Part 1

For Office Use Only:
Aquifer: _____
Well #: B69
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.

Well Owner Information	Well Location
Owner Name: <u>Bunker Hill Water Association</u>	Latitude: <u>31 22' 21.25" N</u> Longitude: <u>89 53' 26.84" W</u>
Mailing Address: <u>282 Grice Road</u>	Method of Lat/Long (check one): Conventional Survey <input type="radio"/>
<u>Columbia MS 39429</u>	USGS quad <input type="radio"/> Hand-held GPS <input checked="" type="radio"/> Survey-grade GPS <input type="radio"/>
City State Zip Code	<u>1/4 1/4 Sec 26 T 5N R 19W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>1</u> Miles <u>North</u> of <u>Goss, MS</u>

Pump Type	Power Type
Check one	Check one
Air Lift <input type="radio"/> Jet <input type="radio"/> Submersible <input type="radio"/>	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/>
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine <input checked="" type="radio"/>	Electric Motor <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>10</u>
Date Pump Installed: <u>10/05/11</u>	Setting Depth: _____ feet
Rated Pump Capacity: <u>200</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>08/25/11</u>	Check one
Static Water Level (A): <u>63.35</u> Feet Below Land Surface	Air Line <input type="radio"/> Electric Measuring Line <input checked="" type="radio"/> Steel Tape <input type="radio"/>
Pumping Water Level (B): <u>99.56</u> Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: <u>36.21</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>200</u> Gallons Per Minute	Well yielded <u>200</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	<u>36.21</u> feet after <u>24</u> hours of pumping

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.

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

Form: OLWR-SWR-1C (07-09)

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