

0510001-04

County: Newton
 Permit #: MS-6W-16733
 Driller: Griner Drilling Service, Inc.
 Date drilling completed: 07/21/11

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 #: C46
 L. S. Elevation: 522
 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.

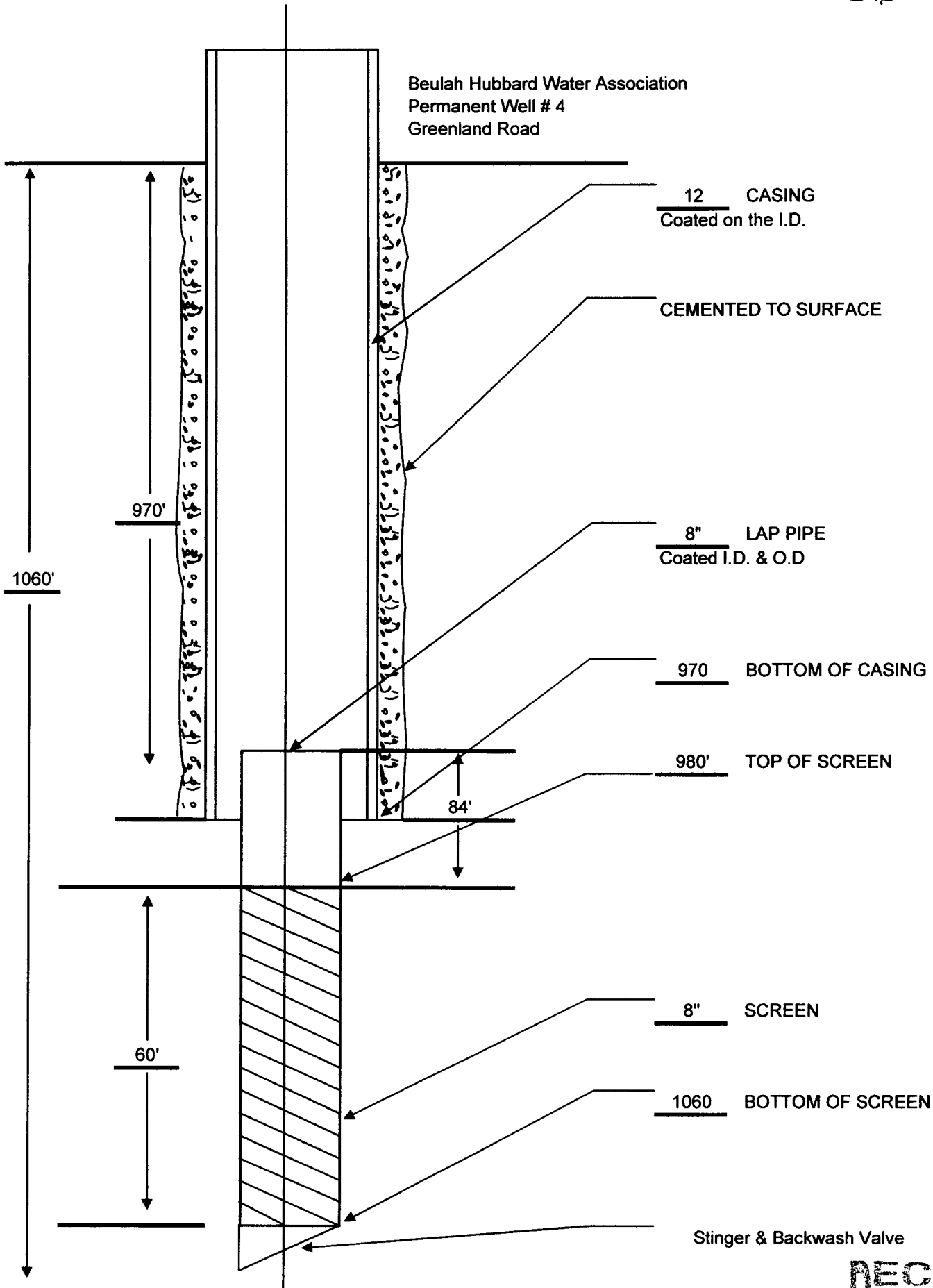
<p>Information on Well Owner <i>(Landowner if borehole is not for a water well)</i> Owner Name <u>Beulah Hubbard Water Association</u> Mailing Address: <u>4704 Highway 494</u> <u>Little Rock MS 39337</u> City State Zip Code Telephone No. () _____</p>	<p>Well or Borehole Location Latitude: <u>32,31' 43.75" N</u> Longitude: <u>89 02' 35.96" W</u> Method of Lat/Long (check one): Conventional Survey <input type="radio"/> ^{AA} <input type="radio"/> ³⁶ USGS quad <input type="radio"/> Hand-held GPS <input checked="" type="radio"/> Survey-grade GPS <input type="radio"/> <u>NE</u> ¼ <u>NW</u> ¼ Sec <u>23</u> ✓ Twn <u>8N</u> ✓ Rng <u>12E</u> Distance Direction Nearest Town <u>2</u> Miles <u>East</u> of <u>Little Rock</u></p>
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Well / Borehole Data
 Date drilling started: 02/28/11 Date drilling completed: 06/21/11 Hole depth: 1060' 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: 223 feet above or below land surface Date measured: 07/20/11
 Method of Measurement (check one) steel tape electric tape air line other: _____
 Well depth: 1060' Well grouted to a depth of 970 feet Type of grout (check one): Neat Cement Bentonite Mix
 Casing length: 970' feet Casing diameter: 12 inches Type of casing: Steel
 Screen length: ~~60~~ 80 feet Screen diameter: 8 inches Type of screen: Muni Pak - Stainless
 Screen slot size: .020 inches Setting depth: From 980 feet to 1060 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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Beulah Hubbard Water Association
Permanent Well # 4
Greenland Road



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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: Newton
 Permit #: MS-6W-16733
 Driller: Griner Drilling Service, Inc.
 Date completed: 07/21/11
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: C46
 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>Beulah Hubbard Water Association</u>	Latitude: <u>32, 31' 43.75"N</u> Longitude: <u>89, 02' 35.96"W</u>
Mailing Address: <u>4704 Highway 494</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>Little Rock MS 39337</u> City State Zip Code	<u>NE</u> ¼ <u>NW</u> ¼ Sec <u>23</u> T <u>8N</u> R <u>12E</u>
Telephone No. (____) _____	Distance Direction Nearest Town <u>2</u> Miles <u>East</u> of <u>Little Rock</u>

Pump Type Check one	Power Type 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>75 HP</u>
Date Pump Installed: <u>05/10/11</u>	Setting Depth: <u>337.8</u> feet
Rated Pump Capacity: <u>600</u> Gallons Per Minute	Number of Stages: <u>6</u>

Pump Test Data	Method of Measuring Water Level Check one
Date Well Tested: <u>07/20/11</u>	Air Line <input type="radio"/> Electric Measuring Line <input checked="" type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>223</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>250</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>27</u> Feet Below Land Surface	Well yielded <u>810</u> GPM with a drawdown of
Test Pumping Rate: <u>810</u> Gallons Per Minute	<u>27</u> feet after <u>24</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

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

Charles H. Griner Sr.
 Signature of Pump Installer

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

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 BY: OLWR