

County: Pearl River
 Permit #: GW-15991
 Driller: Griner
 Date drilling completed: 11/4/2004

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 #: Q-54
 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>Pearl River Central Water Association, Inc.</u>	Latitude: <u>30° 41' 57"</u> Longitude: <u>89° 45' 47"</u>
Mailing Address: <u>P.O. Box 419</u>	Method of Lat/Long (circle one): <u>Conventional Survey,</u>
<u>McNeil</u> MS <u>39457</u> nw <u>1/4</u> sw <u>1/4</u> Sec <u>13</u> Twn <u>4s</u> Rng <u>18w</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City <u>Charlie Daughdrill Rd. Well</u> State <u>MS</u> Zip Code <u>39457</u>	Distance <u>5</u> Miles Direction <u>nw</u> of Nearest Town <u>carriere</u>
Telephone No. <u>(601) 798-3103</u>	

Well Data

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

Date well drilling started: 4/10/2004 Date well drilling completed: 11-4-04

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

Static Water Level: 142.00 feet above or (below) (circle one) land surface Date measured: 11/4/2004

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

Hole depth: 620 Well depth: 620 Well grouted to a depth of 470 feet

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

Casing length: 470 feet Casing diameter 16 inches Type of casing: Steel, Coated

Screen length: 130 feet Screen diameter 10 inches Type of screen: Rod Base

Screen slot size 0.02 inches Setting depth: From 490 feet to 620 feet

Type of completion (circle all applicable): (Gravel packed) (Underreamed) Telescoped Open hole Natural development
 Other (describe): 30' blank 550-580

Top of lap pipe or reduction in casing: 410 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

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If well telescopes please sketch below and show depths

STATE WELL REPORT
Part 2
Pump Installer's Completion Report

County:	<u>Pearl River</u>
Permit # :	_____
Driller:	<u>Griner</u>
Date Completed:	<u>2-30-05</u>

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For Office Use Only:	
Aquifer:	_____
Well # :	<u>Q-54</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>Pearl River Central Water Association, Inc.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 419</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>McNeil</u> <u>MS</u> <u>39457</u>	<u>NW</u> <u>1/4</u> <u>SW</u> <u>1/4</u> Sec <u>13</u> Twn <u>04S</u> Rng <u>18W</u>
City <u>Charlie Daughdrill Rd. Well</u> State <u>MS</u> Zip Code <u>39457</u>	Distance <u>5</u> Miles Direction <u>nw</u> Nearest Town <u>of Carriere</u>
Telephone No. <u>601-798-3103</u>	

Pump Type	Power Type
Circle one	Circle one
Air Lift <u>Jet</u> <u>Submersible</u>	Diesel Engine <u>Gasoline Engine</u> <u>Natural Gas</u>
Bucket <u>Piton</u> <u>(Turbine)</u>	(Electric Motor) <u>Hand</u> <u>Tractor PTO</u>
Centrifugal <u>Rotary</u> <u>Flowing Well</u>	Windmill <u>Other (specify): _____</u>
Other (specify): _____	Horse Power Rating of Motor: <u>125</u>
Date Pump Installed: <u>1/26/2005</u>	Setting Depth: <u>205</u> feet
Rated Pump Capacity: <u>1000</u> Gallons per minute	Number of Stages: <u>5</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>11/4/2004</u>	Circle One
Static Water Level (A): <u>142.00</u> Feet Below Land Surface	Air Line <u>(Electric Measuring Line)</u> <u>Steel Tape</u>
Pumping Water Level (B) <u>160.5</u> Feet Below Land Surface	Other (specify) : _____
Drawdown {(B) - (A)} : <u>18.5</u> Feet Below Land Surface	For flowing well, measured shut in head : _____ feet
Test Pumping Rate: <u>1011</u> Gallons Per Minute	Well yielded <u>1011</u> GPM with a drawdown of
Duration of Pump test (minimum 4 hours) : <u>24</u> hours	<u>18.5</u> feet after <u>24</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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BY: OLWR

Q-54

