

County: Pearl River
 Permit #: MS-GW-16693
 Driller: Griner Drilling Service, Inc.
 Date drilling completed: 05/06/10

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 #: W249
 L. S. Elevation: 48'
 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>Nicholson Water & Sewer Association</u>	Latitude: <u>30 29' 27.49N</u> Longitude: <u>89 42' 9.70"W</u>
Mailing Address: <u>112 Lilac Drive</u>	Method of Lat/Long (check one): Conventional Survey <input type="radio"/>
<u>Nicholson</u> <u>MS</u> <u>39463</u>	USGS quad <input type="radio"/> Hand-held GPS <input type="radio"/> Survey-grade GPS <input type="radio"/>
City State Zip Code	<u>1R 1/4 1R 1/4 Sec 28 37</u> Twn <u>6S</u> Rng <u>12E</u>
Telephone No. () _____	Distance Direction Nearest Town <u>3.2</u> Miles <u>SW</u> of <u>Picayune, MS</u>

Well / Borehole Data

Date drilling started: 05/04/10 Date drilling completed: 05/06/10 Hole depth: 610' Hole diameter: 18"

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: 19' feet above or below land surface Date measured: 06/10/10

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

Well depth: 520' Well grouted to a depth of 400 feet Type of grout (check one): Neat Cement Bentonite Mix

Casing length: 400 feet Casing diameter: 12 3/4 inches Type of casing: Steel

Screen length: 100 feet Screen diameter: 8 5/8 inches Type of screen: Munipak

Screen slot size: .020 inches Setting depth: From 410 feet to 510 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*

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: Pearl River
 Permit #: MS-GW-16693
 Driller: Griner Drilling Service, inc.
 Date completed: 05/06/10
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: W 249
 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>Nicholson Water & Sewer Association</u>	Latitude: <u>30 29' 27.49" N</u> Longitude: <u>89 42' 9.70" W</u>
Mailing Address: <u>112 Lilac Drive</u>	Method of Lat/Long (check one): Conventional Survey <input type="radio"/>
<u>Nicholson MS 39463</u>	USGS quad <input type="radio"/> Hand-held GPS <input type="radio"/> Survey-grade GPS <input checked="" type="radio"/>
City State Zip Code	<u>1R 1/4 1R 1/4 Sec 28 T 6S R 12E</u>
Telephone No. () _____	Distance Direction <u>37</u> Nearest Town <u>17W</u>
	<u>3.2</u> Miles <u>SW</u> of <u>Picayune, MS</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</u>
Date Pump Installed: <u>09/24/10</u>	Setting Depth: <u>100'</u> feet
Rated Pump Capacity: <u>1000</u> Gallons Per Minute	Number of Stages: <u>4</u>

Pump Test Data	Method of Measuring Water Level Check one
Date Well Tested: <u>01/07/11</u>	Air Line <input checked="" type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>19'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>54'</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>35</u> Feet Below Land Surface	Well yielded <u>1172</u> GPM with a drawdown of
Test Pumping Rate: <u>1172</u> Gallons Per Minute	<u>35</u> feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ 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 Charles H. Griner
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

W/249

TOWN OF NICHOLSON, MS.
Elaine Street Well No. 3

