

County: Perry

Permit #: MS-GW-16486

Driller: Griner Drilling Service Inc.

Date drilling completed: 3/26/09

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: *per Jim Hoffmann*

Aquifer: PCGLL

Well #: K17

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>Mississippi Military Department</u>	Latitude: <u>31° 09' 19.57" N</u> Longitude: <u>89° 02' 59.52" W</u> <i>20"</i> <i>59"</i>
Mailing Address: <u>Post Office Box 5027</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , <u>Google Earth</u>
Jackson MS. 39296-5027 City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. <u>(601) 313-6250</u>	<u>NW</u> 1/4 <u>NE</u> 1/4 Sec <u>12</u> Twn <u>2N</u> Rng <u>11W</u>
	Distance Direction Nearest Town <u>3.1 Miles</u> <u>south</u> of <u>New Augusta (Hurricane Point F.O.B)</u>

Well Data

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

Date well drilling started: 3/25/2009 Date well drilling completed: 3/26/2009

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

Static Water Level: 98' feet above or below (circle one) land surface Date measured: 4/26/2009

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

Hole depth: 560' Well depth: 270' Well grouted to a depth of 230' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 230 feet Casing diameter: 10 inches Type of casing: Black Steel

Screen length: 30 feet Screen diameter: 6 inches Type of screen: 304 Stainless Steel

Screen slot size: *0.020 inches Setting depth: From 240 feet to 270 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural development

Other (describe): _____

Top of lap pipe or reduction in casing: 170 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.

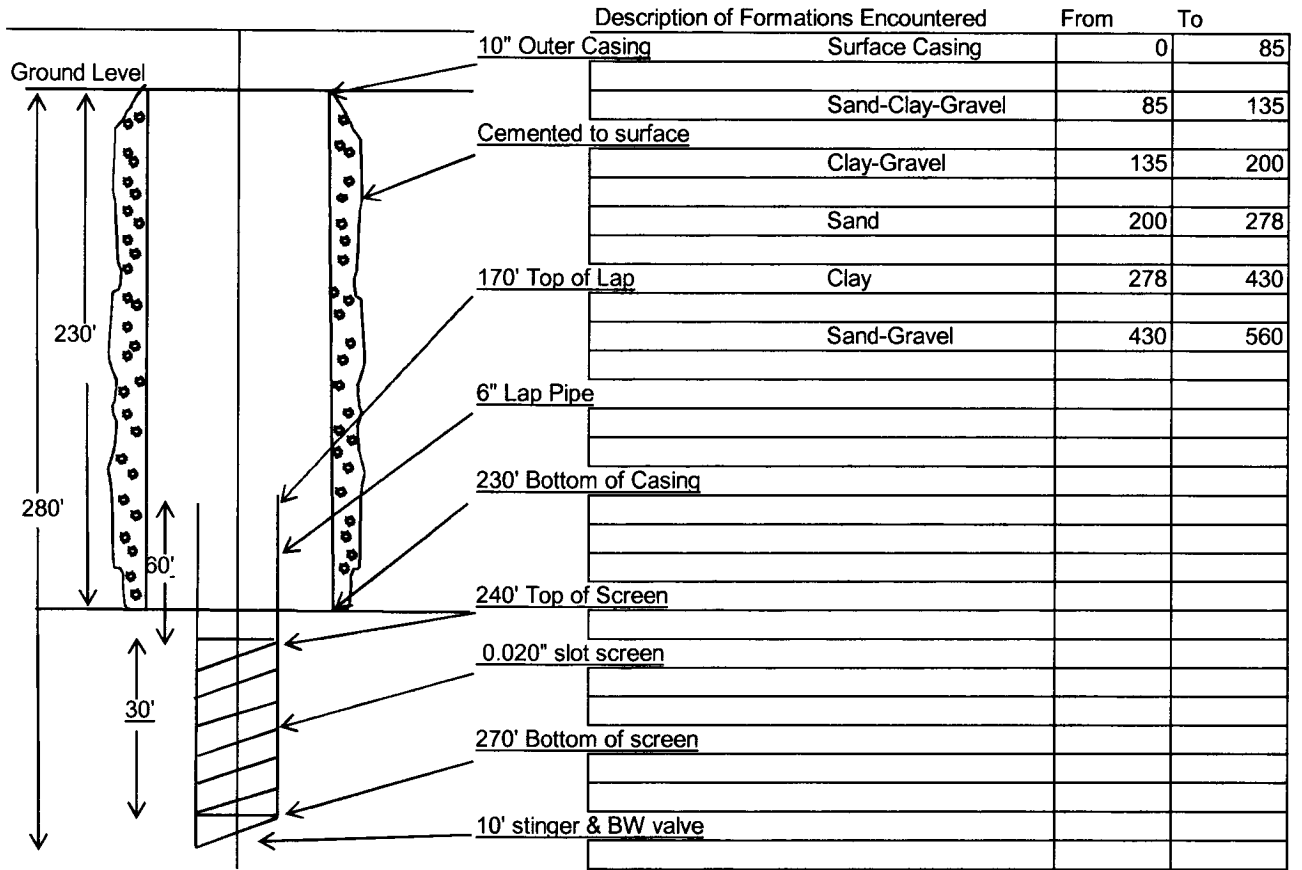
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Griner Drilling Service 0-184
 Print Name of Water Well Contractor and License No.

Chad H. [Signature]
 Signature of Water Well Contractor

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If well telescopes please sketch below and show depths



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) indicate direction.

See attached satellite photo

Landowner Name: Mississippi Military Department

Charles H. [Signature]
 Signature of Water Well Contractor

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STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County: Perry

Permit # : _____

Driller: Griner Drilling Service Inc.

Date Completed: _____

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 # : K17

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.

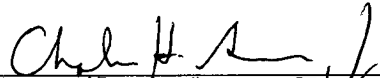
Well Owner Information	Well Location
Owner Name <u>Mississippi Military Department</u>	Latitude: <u>31° 09'19.57" N</u> Longitude: <u>89° 02'59.52" W</u> <u>20"</u> <u>59"</u>
Mailing Address: <u>Post Office Box 5027</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , <u>Google Earth</u> USGS quad, Hand-held GPS, Survey-grade GPS
<u>Jackson</u> MS. <u>39296-5027</u>	<u>NW</u> 1/4 <u>NE</u> 1/4 Sec <u>12</u> Twn <u>2N</u> Rng <u>11W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 313-6250</u>	<u>3.1 Miles south</u> of <u>New Augusta (Hurricane Point F.O.B)</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piton Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>10</u>
Date Pump Installed: <u>5/29/2009</u>	Setting Depth: <u>160'</u> feet
Rated Pump Capacity: <u>100</u> Gallons per minute	Number of Stages: <u>5</u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: <u>3/31/2009</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>98</u> Feet Below Land Surface	Other (specify) : _____
Pumping Water Level (B) <u>120</u> Feet Below Land Surface	For flowing well, measured shut in head : _____ feet
Drawdown ((B) - (A)) : <u>22</u> Feet Below Land Surface	Well yielded <u>100</u> GPM with a drawdown of
Test Pumping Rate: <u>100</u> Gallons Per Minute	<u>22</u> feet after <u>5</u> hours of pumping
Duration of Pump test (minimum 4 hours) : <u>5</u> hours	

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

Griner Drilling Service, Inc. 0-184
Print Name of Pump Installer and License No. (if applicable)


Signature of Pump Installer

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JUN 01 2009

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