

County: Pike  
 Permit #: MS-CW-16804  
 Driller: Griner Drilling Service, Inc.  
 Date drilling completed: 10/07/10

### State Well Report

#### Part I - 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 #: A251  
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Town of Summit</u>	Latitude: <u>31°17'5.21"N</u> Longitude: <u>90°28'2.93"W</u>
Mailing Address: <u>P.O. Box 517</u>	Method of Lat/Long (check one): Conventional Survey <input type="radio"/>
<u>Summit</u> MS <u>39666</u>	USGS quad <input type="radio"/> Hand-held GPS <input checked="" type="radio"/> Survey-grade GPS <input type="radio"/>
City State Zip Code	<u>SW 1/4 NE 1/4</u> Sec <u>26</u> ✓ <u>4N</u> ✓ <u>7E</u> ✓
Telephone No. ( ) _____	Distance Direction Nearest Town <u>.10</u> Miles <u>NE</u> of <u>Summit</u>

**Well / Borehole Data**

Date drilling started: 10/05/10 Date drilling completed: 10/07/10 Hole depth: 580' Hole diameter: 17"

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: 229.5 feet above  or below  land surface Date measured: 11/22/10

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

Well depth: 570' Well grouted to a depth of 490' feet Type of grout (check one): Neat Cement  Bentonite  Mix

Casing length: 490 feet Casing diameter: 12 3/4 inches Type of casing: Steel

Screen length: 85 feet Screen diameter: 8" inches Type of screen: Steel

Screen slot size: .020 inches Setting depth: From 500 feet to 560 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: 417' feet. *If telescoped or more than one screen, describe on next page*



County Pike  
 Permit #: MS-GW-16804  
 Driller Griner Drilling Service, Inc.  
 Date completed: 01/25/11  
Copy information from block on Part 1

# 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)

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: A251  
 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>Town of Summit</u>	Latitude: <u>31°17'5.21"N</u> Longitude: <u>90°28'2.93"W</u>
Mailing Address: <u>P.O. Box 517</u>	Method of Lat/Long (check one): Conventional Survey <input type="radio"/>
<u>Summit MS 39666</u>	USGS quad <input type="radio"/> Hand-held GPS <input checked="" type="radio"/> Survey-grade GPS <input checked="" type="radio"/>
City State Zip Code	<u>SW 1/4 NE 1/4 Sec 17 T 1S R 11E</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>1/10th Miles N of Summit</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>60</u>
Date Pump Installed: <u>01/25/11</u>	Setting Depth: <u>330'</u> feet
Rated Pump Capacity: <u>500</u> Gallons Per Minute	Number of Stages: <u>7</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>1122/10</u>	Check one
Static Water Level (A): <u>229.5</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>283.42</u> Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: <u>53.92</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>703</u> Gallons Per Minute	Well yielded <u>703</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	<u>24</u> feet after <u>53.92</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.  
 Charles H. Griner Sr. 0-184  
 Print Name of Pump Installer and License No. (if applicable) Charles H. Griner  
 Signature of Pump Installer

A251  
PIKE Co.

Town of Summit, MS.  
Well No. 5

