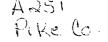
	State W	ell Report	ſ <u> </u>			
County	Part 1 – 1	Driller's Log	For Office Use Only:			
Permit #: MS-GN-16804		nt of Environmental Quality and Water Resources	Aquifer:			
Driller: Griner Drilling Service, Inc.		Box 2309	Well #: A251			
Driller:		n, MS 39225	L. S. Elevation:			
Date drilling completed: 10/07/10		961- 5210 1- 5228 (fax)				
Sanda I and a single data data a	4 be warmoned by the lie	ana haldar rannangihla far	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 C	wner		orehole Location			
(Landowner if borehole is not for a water well)		Latitude: 31°17'5.21"N Longitude: 90°28'2.93"W 5 Method of Lat/Long (check one): Conventional Survey				
Owner Name_Town of Summit						
Mailing Address: P.O. Box 517						
		USGS quad O Hand-held GPS O Survey-grade GPS O				
Summit MS 39666 Sci 4NE 4 Sec 26		$_{\text{Twn}}$ 4N $_{\text{Rng}}$ 7E				
City Stat		Distance Direction	Nearest Town			
-	•	.10 ^{Miles} NE				
Telephone No. ()						
	Well / Bore	hole 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 wate	r used for drilling:					
Method of dosing and volume of Chlorine	used in drilling and devel	opment:				
Logs run (check all applicable): None Electric Gamma Ray Density Sonic Neutron Other:						
Purpose of borehole (check one): Water We		ogical Investigation O Ground	Source Heat Pump			
Seismic S	urvey O Other (describe)				
If drilling is not related	to water well construction	, n. skip the remainder of this blo	ock			
Purpose of Well (check one): Home OIndustrial Public Supply Irrigation OFish Culture O 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 O electric tape O air line O other:						
Well depth: <u>570'</u> Well grouted to a depth of <u>490'</u> feet Type of grout (check one): Neat Cement OBentonite OMix •						
Casing length: <u>490</u> feet Casing diameter: <u>12 3/4</u> inches Type of casing: <u>Steel</u>						
Screen length: <u>85 60</u> feet Screen diameter: <u>8"</u> inches Type of screen: <u>Steel</u>						
Screen slot size: <u>.020</u> inches Setting depth: From <u>500</u> feet to <u>560</u> 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)



The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

<u>f well telescopes, show depths on sketch.</u> Ground Level	Description of Formations Encountered From	(depth) To (depth)
K	Clay, Sand, Gravel Gro	und Level 32'
	Sand 32'	63'
see attached	Sand, Gravel and Clay 63'	94'
	Sand, Pea Gravel, Clay 94'	125'
	Clay, Sand, Gravel 125'	157'
	Clay, Rock, Sand 157'	188'
	Sand, Clay 188'	250'
	Clay 250'	312
	Clay, Sand 312'	406'
	Sand, Rock, Clay 406'	468'
	Sand, Pea Gravel 468'	560'
	Clay 560'	580'
		·····

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) a north arrow.

see attached

Landowner Name:

Form: OLWR-SWR-1A (04/08)

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

Charles H. Griner Sr.

Celouli Date

Ami Charles H.

Print Name of Responsible Licensee and License No.

0-184

Signature of Licensee

[]	STATE WI	ELL REPORT			
County Pike		art 2	For Office Use Only:		
Permit #: MS-GW-16804	Pump Installer'	s Completion Report	Aquifer:		
DrillerGriner Drilling Service, Inc.		nt of Environmental Quality and Water Resources			
Driller	P.O.	Box 2309	Well #: A251		
Date completed: 01/25/11		n, MS 39225 961-5210			
Copy information from block on Part 1		1-5228 (fax)	Elevation:		
This part of the report must be completed b report must be attached and both parts filea	y a licensed water well (I with the Department a	contractor or a licensed pump in to the above address within 30 da	staller. A copy of Part 1 of the sys of well completion.		
Well Owner Information		Well Location			
Owner Name: Town of Summit		Latitude: 31°17'5.21"N Longitude: 90°28'2.93"W			
Mailing Address: P.O. Box 517		Method of Lat/Long (check one): Conventional Survey O,			
		USGS quad O, Hand-heid GPSO, Survey-grade GPSO			
Summit MS	39666	510 14 NE 4 Sec 17			
City State	Zip Code	<u></u> /4 360	I K		
Telephone No. ()		Distance Direction <u>1/10th</u> Miles <u>N</u> of	Nearest Town		
			Summit		
Pump Type		Dow	er Type		
Check one	•	Ch	eck one		
Air Lift O Jet O !	Submersible 🔿	Diesel Engine O Gasoline	Engine O Natural Gas O		
Bucket O Piston O T	Furbine 🗿	Electric Motor 💽 Hand	O Tractor PTO O		
Centrifugal O Rotary O	Flowing Well 🔿	Windmill O Other (spec	ify):		
Other (specify):		Horse Power Rating of Motor:			
Date Pump Installed: 01/25/11		Setting Depth: <u>330'</u> feet			
Rated Pump Capacity: 500 Gallons Per Minute		Number of Stages: 7			
			······································		
Pump Test Data		Method of Measuring Water Level			
Date Well Tested: 1122/10		Che Air Line O Electric Measu	eck one aring Line O Steel Tape O		
Static Water Level (A): 229.5 Feet Below Land Surface					
Pumping Water Level (B): 283.42 Feet Below Land Surface		Other (specify):			
Drawdown [(B) – (A)]: 53.92 Feet Below Land Surface		For flowing well, measured shut	t in head:feet		
Test Pumping Rate: 703Gallons Per Minute		Well yielded GPM with a drawdown of			
Duration of Pump Test (minimum 4 hours): 24 hours		24feet afterhours 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) Signature of Pump Installer					
Chanes H. Ghner St.	0 104	(hrile A.	Lane		

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

