

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)

County: Pike
Permit #: MS EW-16730
Driller: Griner Drilling Service, Inc.
Date drilling completed: 03/16/10

For Office Use Only:

Aquifer: _____
Well #: K166
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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>MDOT (Osyka Rest Area Well #2)</u>	Latitude: ³¹ <u>30° 2' 51.96"N</u> Longitude: <u>90 29' 43.86"W</u>
Mailing Address: <u>4072 I-55 North</u>	Method of Lat/Long (check one): Conventional Survey <input type="radio"/>
<u>Magnolia</u> <u>MS</u> <u>39652</u>	USGS quad <input checked="" type="radio"/> Hand-held GPS <input type="radio"/> Survey-grade GPS <input type="radio"/>
City State Zip Code	<u>NW 1/4 SW 1/4</u> Sec <u>15</u> Twn <u>1N</u> Rng <u>7E</u>
Telephone No. (____) _____	Distance Direction Nearest Town <u>1.63</u> Miles <u>SW</u> of <u>Chatawa</u>

Well / Borehole Data

Date drilling started: 03/09/10 Date drilling completed: 03/16/10 Hole depth: 460' Hole diameter: 12"

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: 101.90 feet above or below land surface Date measured: 06/08/10

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

Well depth: 415' Well grouted to a depth of 360' feet Type of grout (check one): Neat Cement Bentonite Mix

Casing length: 360 feet Casing diameter: 6 inches Type of casing: A-53B Domestic

Screen length: 40 feet Screen diameter: 4 inches Type of screen: Stainless Steel

Screen slot size: .010 inches Setting depth: From 371 feet to 411 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 Pike
 Permit #: MS-GW-16730
 Driller: Griner Drilling Service, Inc.
 Date completed: 03/16/10
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: K166
 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>MDOT (Osyka Rest Area Well #2)</u>	Latitude: <u>31° 30' 2" 51.96" N</u> Longitude: <u>90 29' 43.86" W</u>
Mailing Address: <u>4072 I-55 North</u>	Method of Lat/Long (check one): Conventional Survey <input type="radio"/>
<u>Magnolia MS 39652</u>	USGS quad <input checked="" type="radio"/> Hand-held GPS <input type="radio"/> Survey-grade GPS <input type="radio"/>
City State Zip Code	<u>NW 1/4 SW 1/4 Sec 15 T 1N R 7E</u>
Telephone No. () _____	Distance Direction Nearest Town <u>1.6</u> Miles <u>SW</u> of <u>Chatawa</u>

Pump Type	Power Type
Check one	
Air Lift <input type="radio"/>	Diesel Engine <input type="radio"/>
Jet <input type="radio"/>	Gasoline Engine <input type="radio"/>
Submersible <input checked="" type="radio"/>	Natural Gas <input type="radio"/>
Bucket <input type="radio"/>	Electric Motor <input checked="" type="radio"/>
Piston <input type="radio"/>	Hand <input type="radio"/>
Turbine <input type="radio"/>	Tractor PTO <input type="radio"/>
Centrifugal <input type="radio"/>	Windmill <input type="radio"/>
Rotary <input type="radio"/>	Other (specify): _____
Flowing Well <input type="radio"/>	Horse Power Rating of Motor: <u>10</u>
Other (specify): _____	Setting Depth: <u>200</u> feet
Date Pump Installed: <u>05/24/10</u>	Number of Stages: <u>8</u>
Rated Pump Capacity: <u>85</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level
Check one	
Date Well Tested: <u>06/08/10</u>	Air Line <input type="radio"/>
Static Water Level (A): <u>101.9</u> Feet Below Land Surface	Electric Measuring Line <input checked="" type="radio"/>
Pumping Water Level (B): <u>100.47</u> Feet Below Land Surface	Steel Tape <input type="radio"/>
Drawdown [(B) - (A)]: <u>1.43</u> Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: <u>100</u> Gallons Per Minute	For flowing well, measured shut in head: <u>101.9</u> feet
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	Well yielded <u>100</u> GPM with a drawdown of
	<u>1.43</u> feet after <u>24</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) Signature of Pump Installer

R166

MDOT Osyka Rest Area Well No. 2
Pike County, Mississippi

