

County: Pike
 Permit #: MS-610-16286
 Driller: Griner Drilling Service, Inc.
 Date drilling completed: 05/10/10

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 #: R167
 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.

<p align="center">Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>MDOT (Osyka Rest Area Well #3)</u> Mailing Address: <u>4072 I-55 North</u> <u>Magnolia MS 39652</u> City State Zip Code Telephone No. () _____</p>	<p align="center">Well or Borehole Location</p> <p>Latitude: <u>31 2' 54.28"N</u> Longitude: <u>90 29' 43.39"W</u> Method of Lat/Long (check one): Conventional Survey <input type="radio"/> USGS quad <input checked="" type="radio"/> Hand-held GPS <input type="radio"/> Survey-grade GPS <input type="radio"/> <u>NW 1/4 SW 1/4</u> Sec <u>15</u> Twn <u>1N</u> Rng <u>7E</u> Distance Direction Nearest Town <u>1.63</u> Miles <u>SW</u> of <u>Chatawa</u></p>
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Well / Borehole Data

Date drilling started: 05/04/10 Date drilling completed: 05/10/10 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*

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

see attached

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

Description of Formations Encountered	From (depth)	To (depth)
Sand & Pea Gravel	Ground Level	411'

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: _____

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. 0-184 11/08/10

Print Name of Responsible Licensee and License No. Date

Signature of Licensee

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-610-16688
 Driller: Griner Drilling Service, Inc.
 Date completed: 05/10/10
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: K167
 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 #3)</u>	Latitude: <u>30 2' 54.28"N</u> Longitude: <u>90 29' 43.39"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</u> Sec <u>15</u> T <u>1N</u> R <u>7E</u>
Telephone No. () _____	Distance Direction Nearest Town <u>1.6</u> Miles <u>SW</u> of <u>Chatawa</u>

Pump Type Check one	Power Type Check one
Air Lift <input type="radio"/> Jet <input type="radio"/> Submersible <input checked="" 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 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>10</u>
Date Pump Installed: <u>05/25/10</u>	Setting Depth: <u>200</u> feet
Rated Pump Capacity: <u>85</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Check one
Date Well Tested: <u>05/13/10</u>	Air Line <input type="radio"/> Electric Measuring Line <input checked="" type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>94</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>94.09</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>94</u> feet
Drawdown [(B) - (A)]: <u>0.09</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>0.09</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> 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
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

R167

MDOT Osyka Rest Area Well No. 3
Pike County, Mississippi

