

County: Pike

Permit #: **MS-GW-16199**

Driller: Griner Drilling Service

Date drilling completed: 3/3/2006

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:

Aquifer: _____

Well #: **K212**

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>St. Mary of the Pines School</u>	Latitude: 31.057944 " Longitude: 90.461917 "
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Chatawa</u> MS 39362 City State Zip Code	NW 1/4 NW 1/4 Sec 13 Twn 1N Rng 7E
Telephone No. <u>(601) 783-3494</u>	Distance Direction Nearest Town <u>4</u> Miles <u>NE</u> of <u>Osyka</u>

Well Data

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

Date well drilling started: 10/24/2005 Date well drilling completed: 2/22/2006

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

Static Water Level: 193.3' feet above or (below) (circle one) land surface Date measured: 3/3/2006

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

Hole depth: 960' Well depth: 950' Well grouted to a depth of 900 feet

Type of grout (circle one) Cement Bentonite (Mix)

Casing length: 900 feet Casing diameter 6 inches Type of casing: Steel

Screen length: 40 feet Screen diameter 4 inches Type of screen: Rod Base

Screen slot size: 0.008 inches Setting depth: From 910 feet to 950' 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: 860 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, Inc. 0-581
 Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

If well telescopes please sketch below and show depths

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08-12-2019
BY OLWR

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County: <u>Pike</u>
Permit # : _____
Driller: <u>Griner Drilling Service</u>
Date Completed: <u>3/3/2006</u>

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 #: <u>K212</u>	
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>St. Mary of the Pines</u>	Latitude: <u>31.057944</u> Longitude: <u>90.461917</u>
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Chatawa</u> <u>MS</u> <u>39362</u>	<u>NW</u> 1/4 <u>NW</u> 1/4 Sec <u>13</u> Twn <u>1N</u> Rng <u>7E</u>
City State Zip Code	Distance Direction Nearest Town 4 Miles NE of Osyka
Telephone No. <u>(601) 783-3494</u>	

Pump Type Circle one	Power Type Circle one
Air Lift Jet (Submersible)	Diesel Engine Gasoline Engine Natural Gas
Bucket Piton Turbine	(Electric Motor) Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>3/3/2006</u>	Setting Depth: <u>257</u> feet
Rated Pump Capacity: <u>50</u> Gallons per minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: <u>2/21/06 - 2/22/06</u>	Air Line (Electric Measuring Line) Steel Tape
Static Water Level (A): <u>193.3</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B) <u>215</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>21.7</u> Feet Below Land Surface	Well yielded <u>151</u> GPM with a drawdown of
Test Pumping Rate: <u>151</u> Gallons Per Minute	<u>21.7</u> feet after <u>24</u> hours of pumping
Duration of Pump test (minimum 4 hours): <u>24</u> hours	

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

Griner Drilling Service, Inc. 0-581
Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer _____

