

529

County: Scott
 Permit #: _____
 Driller: Griner Drilling Sec
 Date drilling completed: 10-30-20

State Well Report
Part 1 - 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 #: P 40
 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>High Hill Water Assoc.</u>	Latitude: <u>32° 17' 38.9" N</u> Longitude: <u>89° 26' 09.57" W</u>
Mailing Address: <u>P.O. Box 37</u>	Method of Lat/Long (check one): Conventional Survey <input type="radio"/>
<u>LAKE MS 39092</u>	USGS quad <input type="radio"/> Hand-held GPS <input checked="" type="radio"/> Survey-grade GPS <input type="radio"/>
City State Zip Code	<u>NE 1/4 NW 1/4 Sec 12 Twn 5 N Rng 8 E</u>
Telephone No. <u>(601) 507-1949</u>	Distance Direction Nearest Town <u>3</u> Miles <u>S</u> of <u>Forest, MS</u>

Well / Borehole Data

Date drilling started: 8-18-20 Date drilling completed: 10-27-20 Hole depth: 1365 Hole diameter: 15"

Location of the source of any surface water used for drilling: N/A

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

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) 11-9-20

Static Water Level: 331 feet above or below land surface Date measured: _____

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

Well depth: 1325 Well grouted to a depth of 1250 feet Type of grout (check one): Neat Cement Bentonite Mix

Casing length: 1250 feet Casing diameter: 10 inches Type of casing: steel

Screen length: 70 feet Screen diameter: 6 inches Type of screen: rod-base, stainless

Screen slot size: .016 inches Setting depth: From 1255 feet to 1325 feet

Type of completion (check all applicable): Gravel packed Underreamed Telescoped Open hole

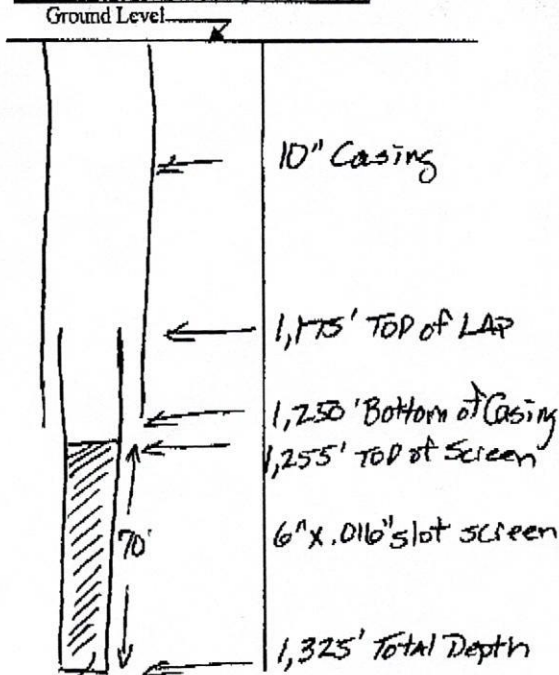
Natural Development Other (describe): _____

Top of lap pipe or reduction in casing: 1,175 feet. *If telescoped or more than one screen, describe on next page*

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The sketch below only required for water wells

If well telescopes, show depths on sketch

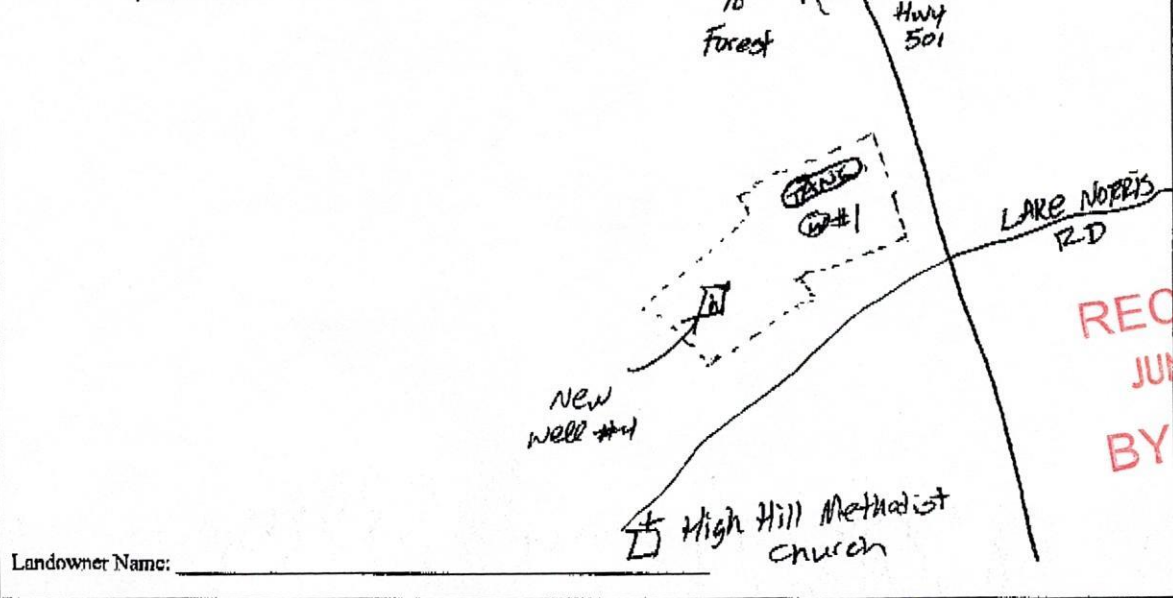


If more than one screen, show location of each on sketch

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)
TOP SOIL LOAM	Ground Level	40
CLAY	40	215
CLAY w/ SAND STRS	215	275
FINE SAND	275	320
SAND w/ SHALE STR	320	420
SAND w/ lignite	420	480
CLAY	480	535
SAND/CLAY + SHALE	535	675
FINE SAND w/ CLAY STR	675	780
COARSE SAND	780	850
CLAY	850	1250
FINE SAND	1250	1325

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.



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. 0-184

Charles H. Griner Sr.

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)

For Office Use Only:

Aquifer: _____
 Well #: P 40
 Elevation: _____

County: Scott

Permit #: _____

Driller: Griner Drilling Ser.

Date completed: 4-20-21

Copy information from block on Part 1

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>High Hill Water Assoc.</u>	Latitude: <u>32°17'38.90"N</u> Longitude: <u>89°26'09.87"W</u>
Mailing Address: <u>P.O. Box 37</u>	Method of Lat/Long (check one): Conventional Survey <input type="radio"/>
<u>LAKE</u> MS <u>39092</u>	USGS quad <input type="radio"/> Hand-held GPS <input checked="" type="radio"/> Survey-grade GPS <input type="radio"/>
City State Zip Code	<u>NE 1/4 NW 1/4 Sec 12 T.5N R.8E</u>
Telephone No. <u>(601)507-1949</u>	Distance Direction Nearest Town <u>3</u> Miles <u>S</u> of <u>FOREST, MS</u>

Pump Type	Power Type
Check one	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>30</u>
Date Pump Installed: <u>2-3-21</u>	Setting Depth: <u>510</u> feet
Rated Pump Capacity: <u>170</u> Gallons Per Minute	Number of Stages: <u>17</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>3-9-21</u>	Check one
Static Water Level (A): <u>331</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>440</u> Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: <u>109</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>170</u> Gallons Per Minute	Well yielded _____ GPM with a drawdown of _____ feet after _____ 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

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

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GRINER DRILLING SERVICE, INC.

126 INTERSTATE DRIVE
RICHLAND, MS 39218
(601) 932-4511 - TEL
(601) 932-4751 - FAX

FACSIMILE TRANSMITTAL SHEET

TO: <i>MDEQ</i>	FROM: <i>Robert Morris</i>
COMPANY: <i>Griner Drilling Service</i>	DATE: <i>6-8-21</i>
FAX NUMBER: <i>601-961-5210-5228</i>	TOTAL NO. OF PAGES INCLUDING COVER:
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE: <i>State Well Report - High Hill Water</i>	YOUR REFERENCE:

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

If there are any questions/comments on this Report, please let me know.

*Robert Morris
601-506-8176
rmorris@grinerdrilling.com*

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