

County: Simpson

Permit #: MS-GW-16445

Driller: Griner Drilling Service

Date drilling completed: 10/01/2009

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 #: P 50

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>New Hope Water Association</u>	Latitude: <u>31</u> <u>47</u> <u>36.3</u> Longitude: <u>89</u> <u>45</u> <u>26</u> "
Mailing Address: <u>103 Boykin Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, (Hand-held GPS), Survey-grade GPS
<u>Magee</u> <u>MS</u> <u>39119</u> City State Zip Code	<u>SE</u> 1/4 <u>NE</u> 1/4 Sec <u>36</u> Twn <u>10N</u> Rng <u>18W</u>
Telephone No. <u>601 849-9511</u>	Distance <u>10</u> Miles Direction <u>SW</u> of Nearest Town <u>Magee</u>

Well Data

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

Date well drilling started: May-09 Date well drilling completed: Oct-09

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

Static Water Level: 115 feet above or (below) (circle one) land surface Date measured: 20-Oct-09

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

Hole depth: 300 Well depth: 235' Well grouted to a depth of 170 feet

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

Casing length: 170 feet Casing diameter: 20 inches Type of casing: Steel

Screen length: 50 feet Screen diameter: 10 inches Type of screen: Rod Base

Screen slot size: 0.02 inches Setting depth: From 185 feet to 235 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: 125 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. **RECEIVED**
 Signature of Water Well Contractor Charles H. Griner

If well telescopes please sketch below MAY 10 2011

BY: OLWR

Ground Level

Description of Formations Encountered	From	To
Clay	0	30
Sand	30	270
Clay	270	290

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) indicate direction.

Landowner Name: _____

Signature of Water Well Contractor

STATE WELL REPORT
Part 2
Pump Installer's Completion Report

County: _____
 Permit #: _____
 Driller: Griner Drilling Service
 Date Completed: 10/01/2009

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For Office Use Only:

Aquifer: _____
 Well #: P50
 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>New Hope Water Association</u>	Latitude: <u>31 47' 36.26"</u> Longitude: <u>89 45' 25.82"</u>
Mailing Address: <u>103 Boykin Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, (Hand-held GPS), Survey-grade GPS
<u>Magee</u> <u>MS</u> <u>39119</u> City State Zip Code	<u>1/4</u> <u>1/4</u> Sec TwN Rng
Telephone No. <u>601 849-9511</u>	Distance Direction Nearest Town Miles of

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>40</u>
Date Pump Installed: <u>07/23/2009</u>	Setting Depth: <u>189</u> feet
Rated Pump Capacity: <u>500</u> Gallons per minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: _____	Air Line (Electric Measuring Line) Steel Tape
Static Water Level (A): <u>115.56'</u> Feet Below Land Surface	Other (specify) _____
Pumping Water Level (B) <u>132.49'</u> Feet Below Land Surface	For flowing well, measured shut in head _____ feet
Drawdown {(B) - (A)}: <u>17.03'</u> Feet Below Land Surface	Well yielded <u>500</u> GPM with a drawdown of
Test Pumping Rate: <u>500</u> Gallons Per Minute	<u>17.03</u> feet after <u>24</u> hours of pumping
Duration of Pump test (minimum 4 hours): <u>24</u> hours	

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) Charles H. Griner
 Signature of Pump Installer

New Hope Water Association
Water Well # 14
2009

