	Well Driller Report ar	nd Well I oa	For Office U	ise Only:
County: Simpson	Well Diller Report a	.a tron 20g		
	Mississippi Department of Envi	•	Aquifer:	
Permit # : <u>6 N 16363</u>		Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631		765
Driller: Griner Drilling Service Inc.				7
	(601) 961-521		L.S. Elevation:	
Date drilling completed: 5/15/2	008 (601) 354-6938 (fax)	E Lan W.	
			E-Log # :	
State Law requires that this rep	ort be prepared by the driller in o	letail and filed wit	h the Department wit	tin
30 days of completion of drilling	of the well.			
Well Owner Inf	ormation		Well Loc	ation
				•
Owner Name Energy South - Miss	ssippi Hub Well #4	Latitude: 31	48'37.59 'N	Longitude: 89 4505 52 W
Mailing Address: 1002 East	St. Mary Blvd	Method of Lat/Lor	$\frac{48'}{33'}$	45° C6"
total ig / total cook	V. 1143 J. 114			gle Earth
		USGS quad, i	land-held GPS, Surve	y-grade GPS
			3331 440	30 Twn ICN Rng 17W
<u>Lafayette</u> City	MS 70503 State Zip Code	DW 1/4	1/4 Sec	DO IWN 1974Rng 1 / VV
Oily	State Zip Code	Distance	Direction Nea	rest Town
'elephone No. <u>(337)234-2326</u>			South of Mag	
	Well Data	<u> </u>		
kumana of Mall (aimle and) Han		lainetian I	ish Culture Other:	
rurpose of Well (circle one) Hon	e <u>industrial</u> Public Supply	Irrigation I	Fish Culture Other:	
ate well drilling started: 3/13/2	108	Date well drilling of	completed: 5/15/2008	
		J	-	
flowing, method of flow regulation:	/alve	Other (describe)		
Static Water Level:	71 feet above or below (circle one) land queface	Data massumd: 7/9/2	000
nauc trata coro.	The above or answer (circle title	, laid suriace	Date measured. 170/2	000
lethod of Measurement (circle one)	steel tape electric tape	air line other:		
lole depth: 2265'	Well depth:	Well grouted to	a depth of	2060 feet
ype of grout (circle one): Cement	Bentonite Mix			
,,,				
asing length: 2060 feet	Casing diameter: 16	inches Ty	pe of casing: Black	Steel
ornor langeths 450 feet	Danna danata 400 a 00	to the second	T	
creen length: 150 feet	Screen diameter: 10" x 8"	inches	Type of screen: 304.5)S
creen slot size: 0.020-	inches Setting depth: From	2105	feet to	### feet
	_			
pe of completion (circle all applicable)	e): <u>Gravel packed</u> Underread	med Telescoped	Open hole Natur	al development
	Other (densities):			
	Other (describe):	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		· · · · · · · · · · · · · · · · · · ·
op of lap pipe or reduction in casing:	1884 feet. If telesco	oped or more than	one screen, describ	e on back of page
ero mus (simple all accellente). Als lee	nus Plantila Di	3 4 - 5 -		
ogs run (circle all applicable): No log	run <u>Electric Gamma Ray</u> (Density Sonic	Neutron Other:	
ame of organization running log(s):	Griner Drifting	Service Inc		
				1
certify that the well was drilled, constr nvironmental Quality and/or the Missi				lississippi Department of
	anke aakammane or massi ta drist i	जान बाह्य न्याय (स्प र्क		
				for a second
riner Drifting Service Inc. 0-184				RECEWE
nt Name of Water Well Contractor and Lice	SE NO.		Signature of W	ater Well Contractor

If well telescopes please sketch below and show depths

Signature of Water Well Contract CEIVED
FEB 0 4 2009

Ground Level	
	SEE ATTACHED
	DRAWING

Description of Formations Encountered	From	То
Gravel - Sand	0	470
Clay	470	525
Sand	525	596
	 	000
Sand-Clay	596	660
	660	735
Clay-Sand	- 000	700
Sand	735	826
Sano	 	
Sand with Clay Streaks	826	896
Carlo Will City Cu Calls		
Sand	896	944
Clay	944	956
,		
Sand	956	984
		4000
Sand with Clay Streaks	984	1020
	1020	1350
Clay	1020	1330
Sand with Clay Streaks	1350	1700
Said with Oldy Streams	1	<u> </u>
Sand	1700	2182

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

Sketch the property layout and inslude the following: 1) the well location; 2) any permanent structures on the property thay 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.				
ndowner Name:				

Signature of Water Well Contracot

FEB 0 4 2009 BY: OLWF

County:	Simpson
Permit #	
Driller:	Griner Drilling Service Inc.
Date Con	npleted: 5/15/08
1	

STATE WELL REPORT Part 2 Pump Installer's Completion Report

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:		
Weil#: _	665	
Elevation:_	-)	

	Well Owner Inf	ormation		Well Location	
				o C Latitude: 31 48' 37.59 N Longitude: 89 45'0 5.52 \	₩
Owner Name	Energy South - Missis	sippi Hub We	#4	231' 06	1/
Jailina Address	: 1002 East S	t. Mary Blvd.		Method of Lat/Long (circle one): Conventional Survey,	
naming reserves				Google Earth	
				USGS quad, Hand-held GPS, Survey-grade GPS	
	Lafayette	LA	70503	3 SW 1/4 NW 1/4 Sec 30 Twn O N Rng	<u>17V</u>
	City		Zip Code		
	•			Distance Direction Nearest Town	
elephone No.	337-234-2326			4.4 Miles South of Magee	
	2 2			Power Type	
	Pump Ty Circle o			Circle one	
	2310			Diocel Engine Gasoline Engine Natural G	ae
Air Lift	Jet		Submersible	Diesel Engine Gasoline Engine Natural G	23
Bucket	Piton		Turbine	Electric Motor Hand Tractor P	ro
DOCKE	1 1001				
Centrifugal	Rotary		Flowing Well	Windmill Other (specify):	-
Other (anneity):				Horse Power Rating of Motor: 250	-
Outer (specify).					
Date Pump Inst	alled: 5/15 Increased	5/2008	Caula	Setting Depth: 590' feet	
Dated Burns Co	apacity: 1400		Gallons per minute	Number of Stages: 10	
Raied Pump Ca	apacity. 1400	1000			
	Pump Tes	t Data		Method of Measuring Water Level	
	,			Circle One	
Date Well Tests	ed: <u>7/8</u>	3/2008	***************************************	Air Line Electric Measuring Line Steel Tape)
Static Water Le	evel (A): 371'		Feet Below Land Surface		
				Other (specify):	
Pumping Water	r Level (B): 437'		Feet Below Land Surface		
Drawdown ((R)	- (A)} :	66	Feet Below Land Surface	For flowing well, measured shut in head : feet	
Test Pumping I	Rate:	600	Gallons Per Minute	Well yielded 600 GPM with a drawdown of	
Duration of Pump test (minimum 4 hours) : 2 4 hours		66 feet after 24 hours of pumpir	g		
Caracon Or I UI		•			

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

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

RECEIVED

FEB 0 4 2009

BY OLWE