

May 01 06 12:52p

GRINER DRILLING SERVICE

6017311853

p. 2

County: Walthall

Permit # : Well #4 / GW-16004

Driller: Ken Buchanan

Date drilling completed: 12/19/2005

**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) 961-6210  
 (601) 354-6938 (fax)

**For Office Use Only:**

Aquifer: \_\_\_\_\_

Well # : F-125

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>Town of Tylertown</u>	Latitude: <u>31° 07' 15"</u> Longitude: <u>90° 08' 08"</u>
Mailing Address: <u>P.O. Box 191</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Tylertown MS 39667</u>	<u>USGS quad, Hand-held GPS, Survey-grade GPS</u>
City State Zip Code	<u>SE 1/4 SW 1/4 Sec 19 Twn 2N Rng 11E</u>
Telephone No. <u>(601) 876-4011</u>	Distance <u>0</u> Miles <u>north</u> of <u>tylertown</u>

**Well Data**

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

Date well drilling started: 4/5/2005 Date well drilling completed: 12/19/2005

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

Static Water Level: 6'-0" (feet above) or below (circle one) land surface Date measured: 5/26/2005

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

Hole depth: 335' Well depth: 330 Well grouted to a depth of 285' feet

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

Casing length: 280' feet Casing diameter: 20 inches Type of casing: Steel, Coated

Screen length: 40 feet Screen diameter: 12 inches Type of screen: Rod Base

Screen slot size: 0.02 inches Setting depth: From 290 feet to 330 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: 220 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.

Chel H. [Signature]  
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths

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F125

Ground Level	Description of Formations Encountered	From	To
	Sand	0	51
	Clay	51	243
	Sand	243	337
	Clay	337	430

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.

off college street.

Landowner Name: tylertown

Chel W. Smith  
 Signature of Water Well Contractor

**STATE WELL REPORT**

**Part 2**

**Pump Installer's Completion Report**

County:	Walthall
Permit #:	Well # <u>GW16004</u>
Driller:	Ken Buchanan
Date Completed:	12/19/2005

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>E178 F125</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.**

<b>Well Owner Information</b>	<b>Well Location</b>
Owner Name: <u>Town of Tylertown</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 191</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS
<u>Tylertown</u> <u>MS</u> <u>39667</u>	<u>SE</u> <u>1/4</u> <u>SW</u> <u>1/4</u> Sec <u>19</u> Twn <u>2N</u> Rng <u>11E</u>
City State Zip Code	Distance Direction of Nearest Town
Telephone No. <u>(601) 876-4011</u>	<u>0</u> Miles <u>north</u> of <u>Tylertown</u>

<b>Pump Type</b> Circle one	<b>Power Type</b> Circle one
Air Lift: <u>Jet</u> <u>Submersible</u>	Diesel Engine: _____ Gasoline Engine: _____ Natural Gas: _____
Bucket: <u>Piton</u> <u>(Turbine)</u>	(Electric Motor): _____ Hand: _____ Tractor PTO: _____
Centrifugal: <u>Rotary</u> <u>Flowing Well</u>	Windmill: _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>8/12/2005</u>	Setting Depth: <u>110</u> feet
Rated Pump Capacity: <u>650</u> Gallons per minute	Number of Stages: <u>3</u>

<b>Pump Test Data</b>	<b>Method of Measuring Water Level</b> Circle One
Date Well Tested: <u>5/26/2005</u>	Air Line (Electric Measuring Line) Steel Tape
Static Water Level (A): <u>6</u> Feet Above Land Surface	Other (specify): _____
Pumping Water Level (B): <u>56.73</u> Feet Below Land Surface	For flowing well, measured shut in head:
Drawdown ((B) - (A)): <u>62.73</u> Feet Below Land Surface	Well yielded <u>650</u> GPM with a drawdown of
Test Pumping Rate: <u>650</u> Gallons Per Minute	<u>62.73</u> feet after <u>24</u> hours of pumping
Duration of Pump test (minimum 4 hours): <u>24</u> hours	

**RECEIVED**  
**APR 14 2006**  
**BY: OLWR**

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)	<u>Chad H. Griner</u> Signature of Pump Installer
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