

County: Warren

Permit #: GW-16070

Driller: J. E. Smith, Jr.

Date drilling completed: 4/4/2005

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) 961-5210
(601) 354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: E-29

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>City of Vicksburg</u> #13		Latitude: _____ " _____ "	Longitude: _____ " _____ "
Mailing Address: _____		Method of Lat/Long (circle one): Conventional Survey, _____	
<u>P.O. Drawer 150</u>		USGS quad, Hand-held GPS, Survey-grade GPS	
<u>Vicksburg</u> MS <u>39180</u>		SE 1/4 SW 1/4 Sec 13 Twn 17N Rng 3E	
City State Zip Code		Distance _____ Miles	Direction _____ of Nearest Town <u>vicksburg</u>
Telephone No. <u>-601 631-8800</u>			

Well Data

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

Date well drilling started: 3/15/2005 Date well drilling completed: 4-4-05

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

Static Water Level: 9.20 feet above or (below) (circle one) land surface Date measured: 4/4/2005

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

Hole depth: 145' Well depth: 145' Well grouted to a depth of 95' feet

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

Casing length: 95 feet Casing diameter 36 inches Type of casing: Steel

Screen length: 40 feet Screen diameter 20 inches Type of screen: Rod Base

Screen slot size 0.03 inches Setting depth: From 105 feet to 145 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: 5 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

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.

Chris H. R.
Signature of Water Well Contractor

If well telescopes please sketch below and show depths

BY: OLWR

Landowner Name: City of Vicksburg

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)

County:	Warren
Permit #:	
Driller:	J. E. Smith, Jr.
Date Completed:	6/30/2005

For Office Use Only:

Aquifer: _____
Well #: E-29
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>City of Vicksburg #13</u>	Latitude: _____ Longitude: _____
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey,
<u>P.O. Drawer 150</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Vicksburg</u> <u>MS</u> <u>39180</u>	SE <u>1/4</u> SW <u>1/4</u> Sec <u>13</u> Twn <u>17</u> N Rng <u>3</u> E
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>601-631-8800</u>	0 Miles north of Vicksburg

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>75</u>
Date Pump Installed: <u>5/24/2005</u>	Setting Depth: <u>90</u> feet
Rated Pump Capacity: <u>1000</u> Gallons per minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: <u>3/31/2005</u>	Air Line (Electric Measuring Line) Steel Tape
Static Water Level (A): <u>9.2</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B) <u>22.74</u> Feet Below Land Surface	For flowing well, measured shut in head : _____ feet
Drawdown ((B) - (A)) : <u>13.54</u> Feet Below Land Surface	Well yielded <u>1001</u> GPM with a drawdown of
Test Pumping Rate: <u>1001</u> Gallons Per Minute	<u>13.54</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)

Chad H. Smith Jr.
Signature of Pump Installer

RECEIVED
JUL 19 2006
B* OLWA