

County: Warren
 Permit #: GW-16071
 Driller: J. E. Smith, Jr.
 Date drilling completed: 4/27/2005

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-31
 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>	<u>14</u>	Latitude: _____	Longitude: _____
Mailing Address:		Method of Lat/Long (circle one): <u>Conventional Survey</u>	
<u>P.O. Drawer 150</u>		<u>USGS quad, Hand-held GPS, Survey-grade GPS</u>	
<u>Vicksburg</u>	<u>MS</u>	<u>39180</u>	<u>NE 1/4 SW 1/4 Sec 13 Twn 17N Rng 3 E</u>
City	State	Zip Code	
Telephone No. <u>(601) 631-8800</u>		Distance <u>0</u> Miles	Direction <u>north</u> of Nearest Town <u>vicksburg</u>

Well Data

Purpose of Well (circle one) Home Industrial (Public Supply) Irrigation Fish Culture Other: _____
 Date well drilling started: 11/22/2004 Date well drilling completed: 4/27/05
 If flowing, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 28.98 feet above or (below) (circle one) land surface Date measured: 1/6/2005
 Method of Measurement (circle one) steel tape (electric tape) air line other: _____
 Hole depth: 190' Well depth: 190' Well grouted to a depth of 100' feet
 Type of grout (circle one) Cement Bentonite (Mix)
 Casing length: 100 feet Casing diameter 36 inches Type of casing: Steel
 Screen length: 80 feet Screen diameter 20 inches Type of screen: Rod Base
 Screen slot size 0.03 inches Setting depth: From 110 feet to 190 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.

Chad H. Smith
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths

JUL 19 2006
 BY OLWR

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

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

Mississippi Department of Environmental Quality
Office of Land and Water Resources
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Jackson, MS 39289-0631
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(601)354-6938 (fax)

For Office Use Only:	
Aquifer:	_____
Well # :	<u>E-31</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.

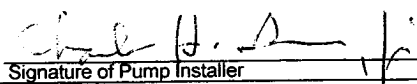
Well Owner Information	Well Location
Owner Name <u>City of Vicksburg #14</u>	Latitude: _____ Longitude: _____
Mailing Address:	Method of Lat/Long (circle one): Conventional Survey,
<u>P.O. Drawer 150</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Vicksburg MS 39180</u>	<u>NE 1/4 SW 1/4 Sec 13 Twn 17N Rng 3 E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>601-631-8800</u>	<u>0 Miles north of Vicksburg</u>

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>4/27/2005</u>	Setting Depth: <u>110</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>1/6/2005</u>	Air Line (Electric Measuring Line) Steel Tape
Static Water Level (A): <u>28.98</u> Feet Below Land Surface	Other (specify) : _____
Pumping Water Level (B) <u>47.60</u> Feet Below Land Surface	For flowing well, measured shut in head : _____ feet
Drawdown {(B) - (A)} : <u>18.62</u> Feet Below Land Surface	Well yielded <u>1010</u> GPM with a drawdown of
Test Pumping Rate: <u>1010</u> Gallons Per Minute	<u>18.62</u> feet after <u>8</u> hours of pumping
Duration of Pump test (minimum 4 hours) : <u>8</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)


Signature of Pump Installer

RECEIVED
JUL 19 2005
BY: OLWR