

County: Warren
 Permit #: GW-16069
 Driller: J. E. Smith, Jr.
 Date drilling completed: 12/3/2004

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 #: J-72
 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>16</u>	Latitude: _____ " Longitude: _____ "
Mailing Address: _____	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>P.O. Drawer 150</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Vicksburg</u> <u>MS</u> <u>39180</u>	<u>NE</u> <u>1/4</u> <u>NE</u> <u>1/4</u> Sec <u>3</u> Twn <u>16N</u> Rng <u>3</u> E
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 631-8800</u>	<u>0</u> Miles <u>north</u> of <u>vicksburg</u>

Well Data

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

Date well drilling started: 11/17/2004 Date well drilling completed: 12-3-04

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

Static Water Level: 28.98 feet above or (below) (circle one) land surface Date measured: 12/3/2004

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

Hole depth: 120 Well depth: 120 Well grouted to a depth of 70 feet

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

Casing length: 70 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 80 feet to 120 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: 0 feet. If telescoped or more than one screen, describe on back of page

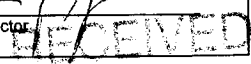
Logs run (circle all applicable): No log run (Electric) (Gamma Ray) Density Sonic Neutron Other: _____

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.

Charles H. Smith, Jr.
 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
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:	
Aquifer:	
Well #:	<u>J-72</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</u> <u>16</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Drawer 150</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Vicksburg</u> <u>MS</u> <u>39180</u> <u>NE</u> <u>1/4</u> <u>NE</u> <u>1/4</u> Sec <u>3</u> Twn <u>16N</u> Rng <u>3E</u>	Distance _____ Direction _____ Nearest Town _____ 0 Miles north of Vicksburg
City _____ State _____ Zip Code _____	
Telephone No. <u>601-631-8800</u>	

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piton <input type="checkbox"/> (Turbine) <input type="checkbox"/>	(Electric Motor) <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>75</u>
Date Pump Installed: <u>4/28/2005</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>12/3/2004</u>	Air Line <input type="checkbox"/> (Electric Measuring Line) <input type="checkbox"/> Steel Tape <input type="checkbox"/>
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 <u>18.62</u> feet after <u>22</u> hours of pumping
Test Pumping Rate: <u>1010</u> Gallons Per Minute	
Duration of Pump test (minimum 4 hours): <u>22</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)

Charles H. Smith
Signature of Pump Installer

RECEIVED
JUL 19 2005
BY OLWR