

County: Warren  
 Permit #: GW/16068  
 Driller: J. E. Smith, Jr.  
 Date drilling completed: 5/11/2005

**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 #: J-74  
 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>17</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>NW</u> 1/4 <u>NE</u> 1/4 Sec <u>3</u> Twn <u>16N</u> Rng <u>3 E</u>
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: 4/25/2005 Date well drilling completed: 5-11-05

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

Static Water Level: 19.48 feet above or (below) (circle one) land surface Date measured: 5/11/2005

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

Hole depth: 123 Well depth: 123 Well grouted to a depth of 73 feet

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

Casing length: 73 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 83 feet to 123 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  
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths

J-24

Ground Level

Description of Formations Encountered	From	To
Sand & Clay	0	80
Sand & Peagravel	80	120
Clay	120	140

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.

#17  
on Long Lake Road

Landowner Name: City of Vicksburg

Chel H. Smith  
Signature of Water Well Contractor

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MAY 19 2006  
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**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  
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 P.O. Box 10631  
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 (601)354-6938 (fax)

<b>For Office Use Only:</b>	
Aquifer: _____	
Well #: <u>J-74</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>City of Vicksburg 17</u>	Latitude: _____ Longitude: _____
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>P.O. Drawer 150</u>	
<u>Vicksburg MS 39180</u>	NW <u>1/4</u> NE <u>1/4</u> Sec <u>3</u> Twn <u>16N</u> Rng <u>3 E</u>
City State Zip Code	
Telephone No. <u>601-631-8800</u>	Distance Direction Nearest Town <u>0</u> Miles <u>north</u> of <u>Vicksburg</u>

<b>Pump Type</b> Circle one	<b>Power Type</b> 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>6/16/2005</u>	Setting Depth: <u>110</u> feet
Rated Pump Capacity: <u>1000</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>5/11/2005</u>	Air Line (Electric Measuring Line) Steel Tape
Static Water Level (A): <u>19.48</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B) <u>34.90</u> Feet Below Land Surface	
Drawdown {(B) - (A)}: <u>15.42</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>1001</u> Gallons Per Minute	Well yielded <u>1001</u> GPM with a drawdown of
Duration of Pump test (minimum 4 hours): <u>12</u> hours	<u>15.42</u> feet after <u>12</u> hours of pumping

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, Jr.*  
 Signature of Pump Installer

RECEIVED  
 JUN 13 2006  
 BY: OLWR