

County: Warren

Permit # GW-16009

Driller: Louis Jones

Date drilling completed: 8/30/2004

**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 #: N-44

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>Fisher Ferry Water District #5</u>	Latitude: _____ " Longitude: _____ "
Mailing Address: <u>5151 Nailor Road</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Vicksburg MS 391800</u> City State Zip Code	<u>1/4 1/4 Sec 21 Twn 15n Rng 4e</u>
Telephone No. <u>(601) 636-1098</u>	Distance <u>2</u> Miles Direction <u>south</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: 5/25/2004 Date well drilling completed: 8-30-04

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

Static Water Level: 178 feet above or (below) (circle one) land surface Date measured: 8-30-04

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

Hole depth: 2367 Well depth: 2180 Well grouted to a depth of 2070 feet

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

Casing length: 2070 feet Casing diameter: 12 3/4 inches Type of casing: Steel

Screen length: 100 feet Screen diameter: 8 inches Type of screen: Stainless Steel Exact Pak

Screen slot size .020 inches Setting depth: From 2080 feet to 2180 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: 1960 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.

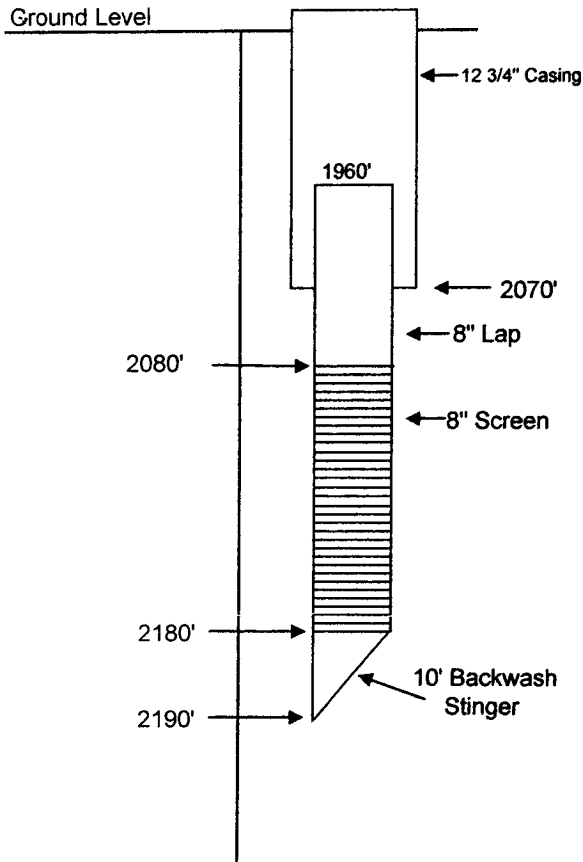
*Chob H. R.*  
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths

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 MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

GW16009

N-44



Description of Formations Encountered	From	To
Surface Casing	0	35
Clay	35	233
Sand	233	337
Clay	337	1264
Sand	1264	1573
Clay	1573	2073
Sand	2073	2244
Clay	2244	2367

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.

#5  
intersection of Nailor and Halls Ferry Roads

Landowner Name: Fisher Ferry Water District

*Chad H. [Signature]*  
 \_\_\_\_\_  
 Signature of Water Well Contractor

GW16009  
 N-44  
 [Faint additional markings]

**STATE WELL REPORT**

**Part 2**

**Pump Installer's Completion Report**

County: <u>Warren</u>
Permit #: <u>OW 16009</u>
Driller: <u>Louis Jones</u>
Date Completed: <u>11/15/2004</u>

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(601)354-6938 (fax)

<b>For Office Use Only:</b>	
Aquifer: _____	
Well #: <u>N-44</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>Fisher Ferry Water District</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>5151 Nailor Road</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Vicksburg</u> <u>MS</u> <u>39180</u>	<u>1/4</u> <u>1/4 Sec</u> <u>21</u> <u>Twn</u> <u>15n</u> <u>Rng</u> <u>4e</u>
City State Zip Code	Distance Direction of Nearest Town
Telephone No. <u>(601) 636-1098</u>	<u>2 Miles south</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>10/13/2004</u>	Setting Depth: <u>277</u> feet
Rated Pump Capacity: <u>700</u> Gallons per minute	Number of Stages: <u>7</u>

<b>Pump Test Data</b>	<b>Method of Measuring Water Level</b> Circle One
Date Well Tested: <u>8/30/2004</u>	Air Line (Electric Measuring Line) Steel Tape
Static Water Level (A): <u>178</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>207</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>29</u> Feet Below Land Surface	Well yielded <u>703</u> GPM with a drawdown of
Test Pumping Rate: <u>703</u> Gallons Per Minute	<u>29</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)	<u>Chad H. Griner</u> Signature of Pump Installer
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E. O. ...

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