

STATE WELL REPORT

Part 1

Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources

P.O. Box 2309
Jackson, MS 39225-2309

(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: C-77

Aquifer: _____

E-Log #: _____

County: Wayne
Permit #: GW 16943
Driller: Brunel
Date drilling completed: 3-11-2013

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name <u>well</u> City of Waynesboro _____	Latitude: ^{05'} 31 50' ^{22"} 5.90" N Longitude: ^{22"} 88 41' 24.53" W
Mailing Address: 714 Wayne Street	Method of Lat/Long (check one): Conventional Survey _____
<u>Landowner - Wayne County School Board</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS <u>X</u>
Waynesboro Mississippi 39367	<u>NE</u> 1/4 <u>SE</u> 1/4, Sec. 16 T. 10N R. 7W
City _____ State _____ Zip Code _____	<u>5</u> Miles <u>South</u> of <u>Shubuta</u>
Telephone No. (<u>601</u>) 735-4874	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 11-07-12 Date drilling completed: 3-11-13 Hole depth: 2500 Hole diameter: 21"

Location of the source of any surface water used for drilling: _____

Method of dosing and volume of Chlorine used in drilling and development: _____

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. NOV 14 2014

Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
Seismic Survey Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

If a flowing well, method of flow regulation: Valve 8" Other (describe) _____

Static Water Level: +11.55 feet [above or below] land surface Date measured: 3-14-13
(circle one)

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Well depth: 2395 Well grouted to a depth of: 2270 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 2270 feet Casing diameter: 16 inches Type of casing: Steel _____

Screen length: 80 feet Screen diameter: 10.75 inches Type of screen: 304 _____

Screen slot size: .020 inches Setting depth: From 2305 feet to 2385 feet

Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: 2185 feet

If telescoped or more than one screen, describe on next page


MSDH# 0770003-05 *correction & additions*
SMN 11/20/14

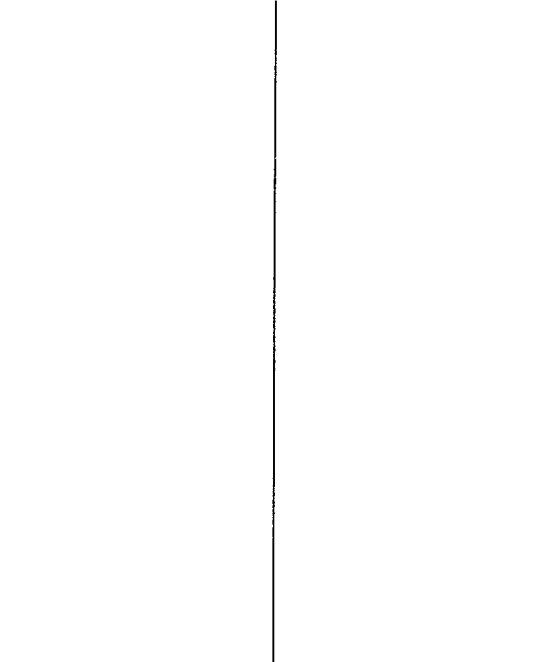
County: Wayne
 Permit # GW 16943

For Office Use Only:
 Well #: C-77

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level 



If more than one screen, show location of each on sketch

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Sand	Ground level	140
Clay	140	200
Streaks of Sand	200	280
Clay	280	340
Sand with streaks of clay	340	550
Clay	550	650
Sand	650	970
Clay	970	1010
Sand	1010	1220
Broken Clay	1220	1660
Streaks of Sand	1660	1880
Hard Clay	1880	2050
Sand	2050	2100
Clay	2100	2160
Sand	2160	2410
Clay	2410	2500

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) north arrow

See Attached Quad Map

NOV 14 2014

Landowner Name: _____

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Charles H. Griner June 17, 2013
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601) 360-0535 (fax)

For Office Use Only:

Well #: C-77

Aquifer: _____

County: Wayne
Permit #: OW 16943
Driller: Bruni
Date completed: 3-11-2013

Copy information from block on Part 1

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: City of Waynesboro _____	Latitude: 31 50'5.90" N Longitude: 88 41'21.53"W__
Mailing Address: 714 Wayne Steet _____	Method of Lat/Long (check one): Conventional Survey_____, USGS quad_____, Hand-held GPS_X____, Survey-grade GPS_____
Waynesboro Mississippi 39367 _____ City State Zip Code	_____ ¹ / ₄ ____ ¹ / ₄ , Sec_16__ T_10N__ R____7W _____ ⁵ Miles _____ ^S of _____ Shubuta_____ (Distance) (Direction) (Nearest Town)
Telephone No. (_601_) 735-4874 _____	

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: _____ May 7, 2013 _____ Rated Pump Capacity: _____ 1200 _____ Gallons Per Minu

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: _____ 106 _____ Setting Depth: _____ 110 _____ feet Number of Stages: 5 _____

Pump Test Data for Non Flowing Well

Date Well Tested: _____ 6-12-13 _____ Duration of Pump Test (minimum 4 hours): 4 _____ hours

Static Water Level (A): _____ +11.55 _____ Feet Below Land Surface Pumping Water Level (B): 79.12 _____ Feet Below Land Surface

Drawdown [(B) - (A)]: _____ 90.67 _____ Feet Below Land Surface Test Pumping Rate: 1637 _____ Gallons Per Minute

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ 11.55 _____ feet.

Well yielded _____ 1637 _____ GPM with a drawdown of _____ 90.67 _____ feet after _____ 4 _____ hours of pumping

Meter Installation

Meter Manufacturer: McCrometer _____ Meter Serial Number: 2013-12 _____

Meter Model Number/Name: _____ ML04D _____ Type of Meter: Propeller _____

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Gal X 1000 _____

Installation Date: May 27, 2013 _____ Meter installed by: Kirk Construction _____

Is This Meter (circle one): New Repaired Replacement

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Dan Tuggle
Print Name of Pump Installer and License No. (if applicable) _____ Date June 12, 2013 _____ Signature of Pump Installer