

STATE WELL REPORT

0790006-02

County: Wilkinson
 Permit #: GW16669
 Driller: Griner Drilling Service
 Date drilling completed: 10/17/12

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 #: T117
 Aquifer: _____
 E-Log #: _____

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 <small>Well No. 2</small>
Owner Name: <u>South Centreville Water Association</u>	Latitude: <u>31° 4'4.94"N</u> Longitude: <u>91° 4'20.23"W</u>
Mailing Address: <u>PO Box 733</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <u>x</u> _____, Survey-grade GPS _____
<u>Centreville</u> Mississippi <u>39631</u>	<u>1R 1/4 1R 1/4, Sec 2 T1N R1E</u>
City State Zip Code	<u>1</u> Miles <u>East</u> of <u>Centreville</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>09/18/12</u> Date drilling completed: <u>10/17/12</u> Hole depth: <u>540'</u> Hole diameter: <u>17"</u>
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 <u>Electric</u> <u>Gamma Ray</u> <u>Density</u> <u>Sonic</u> <u>Neutron</u> Other: _____
Name of organization running log(s): <u>Griner Drilling Service, Inc.</u>
Purpose of borehole (circle one): <u>Water Well</u> <u>Geotechnical/Geological Investigation</u> <u>Ground Source Heat Pump</u> Seismic Survey Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (circle all applicable): Home Industrial <u>Public Supply</u> Irrigation Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>176</u> feet [above or below] land surface Date measured: <u>04/04/13</u> (circle one)
Method of measurement (circle one): Steel tape <u>Electric tape</u> Air line Other (describe): _____
Well depth: <u>420'</u> Well grouted to a depth of: <u>360</u> feet Type of grout (circle one): Neat Cement Bentonite <u>Mix</u>
Casing length: <u>360'</u> feet Casing diameter: <u>12</u> inches Type of casing: <u>A53B</u>
Screen length: <u>40</u> feet Screen diameter: <u>8</u> inches Type of screen: <u>Muni Pak</u>
Screen slot size: <u>.020</u> inches Setting depth: From <u>370</u> feet to <u>410</u> feet
Type of completion (circle all applicable): Gravel packed Underreamed Open hole <u>Natural Development</u>
Other (describe): _____
Top of lap pipe or reduction in casing: <u>300</u> feet
<i>If telescoped or more than one screen, describe on next page</i>

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)

County: Wilkinson
Permit #: 02W166259
Driller: Griner Drilling Service, Inc.
Date completed: 08/29/13
Copy information from block on Part 1

For Office Use Only:

Well #: 1117
Aquifer: _____

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: <u>South Centreville Water Association</u>	Latitude: <u>31° 4'4.94"N</u> Longitude: <u>91° 4'20.23"W</u>
Mailing Address: <u>PO Box 733</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <u>x</u> , Survey-grade GPS _____
<u>Centreville</u> Mississippi <u>39631</u>	_____ 1/4 _____ 1/4, Sec _____ T _____ R _____
City State Zip Code	<u>1</u> Miles East of <u>Centreville</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 02/18/13 Rated Pump Capacity: 400 Gallons Per Minute

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: 50 Setting Depth: _____ feet Number of Stages: 8

Pump Test Data for Non Flowing Well

Date Well Tested: 04/04/13 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 176 Feet Below Land Surface Pumping Water Level (B): 222.85 Feet Below Land Surface

Drawdown [(B) - (A)]: 46.85' Feet Below Land Surface Test Pumping Rate: 469 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: _____ feet.

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

Meter Installation

Meter Manufacturer: McCrometer Meter Serial Number: _____

Meter Model Number/Name: ML-04 - 6" Type of Meter: Propeller Flow Meter

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

Installation Date: _____ Meter installed by: Greenbriar Digging Service

Is This Meter (circle one): New Repaired Replacement

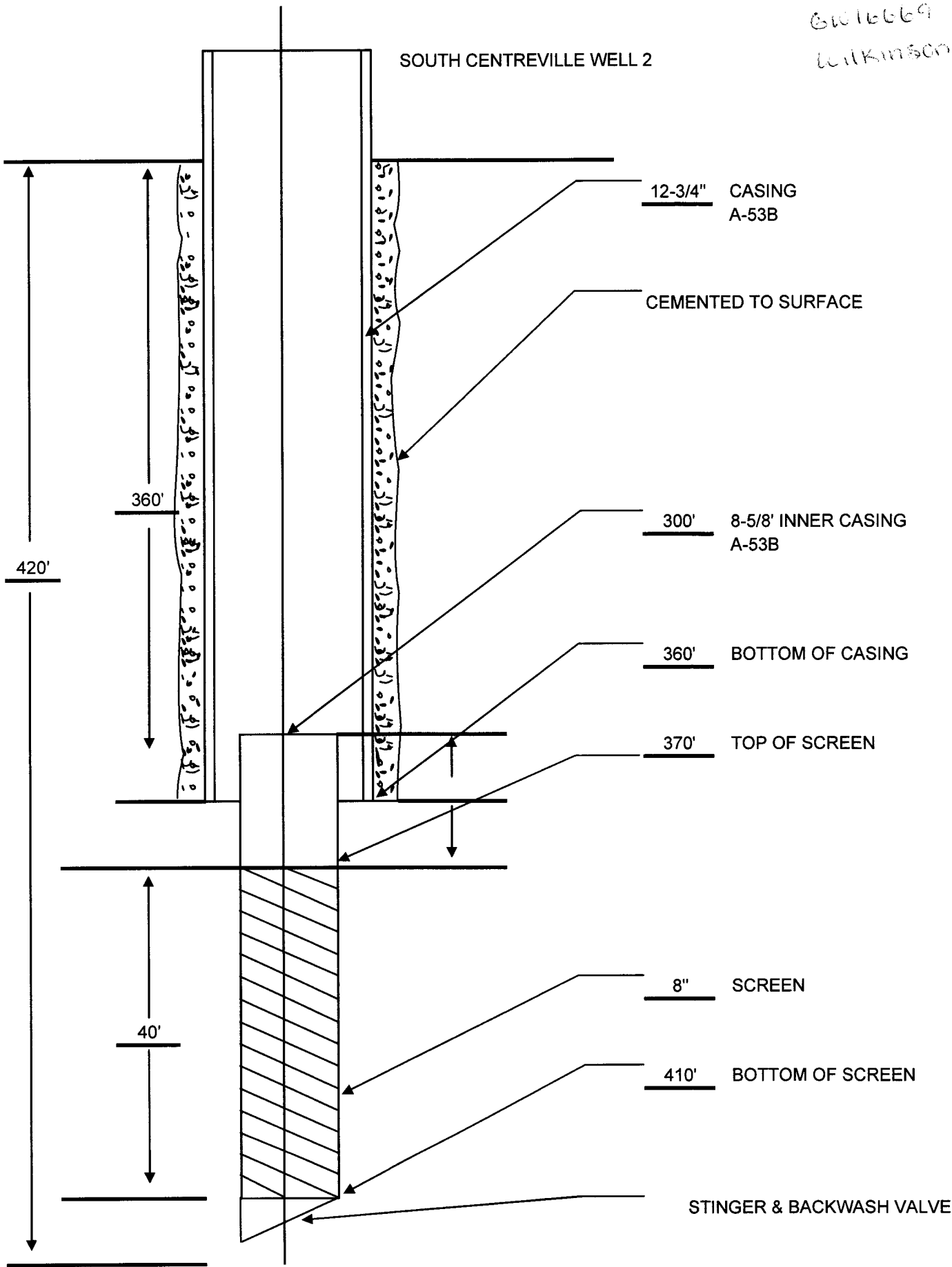
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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

Charles H. Griner, Sr. 0-184 09/11/13
Print Name of Pump Installer and License No. (if applicable) Date Charles H. Griner
Signature of Pump Installer

T117
6016669
Wilkinson Co

SOUTH CENTREVILLE WELL 2



12-3/4" CASING
A-53B

CEMENTED TO SURFACE

300' 8-5/8" INNER CASING
A-53B

360' BOTTOM OF CASING

370' TOP OF SCREEN

8" SCREEN

410' BOTTOM OF SCREEN

STINGER & BACKWASH VALVE

420'

360'

40'