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GRINER DRILLING SERVICE

6017311853

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County: Forrest

Permit # GW-16286

Driller: Griner Drilling Service

Date drilling completed: 8/16/2006

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 #: D-155

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>Forrest County General Hospital</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>6051 Highway 49 South</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Applicant (City of Hattiesburg)</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Hattiesburg, MS 39404</u>	<u>1/4</u> <u>1/4</u> Sec <u>17</u> Twn <u>4n</u> Rng <u>13w</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>601-288-7000</u>	<u>0</u> Miles <u>south</u> of <u>Hattiesburg</u>

Well Data

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

Date well drilling started: 5/1/2006 Date well drilling completed: 8-16-06

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

Static Water Level: 82.36 feet above or (below) (circle one) land surface Date measured: 8-16-06

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

Hole depth: 1203 Well depth: 820 Well grouted to a depth of 750 feet

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

Casing length: 750 feet Casing diameter: 16 inches Type of casing: steel

Screen length: 60 feet Screen diameter: 10 inches Type of screen: Muni-Pak

Screen slot size: 0.02 inches Setting depth: From 760 feet to 820 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: 690 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.

Chad H. Ruff
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths

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GRINER DRILLING SERVICE

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STATE WELL REPORT

Part 2

Pump Installer's Completion Report

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)

County: Forrest
 Permit # : _____
 Driller: Griner Drilling Service
 Date Completed: 6/7/2007

For Office Use Only:
 Aquifer: _____
 Well #: D-155
 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>Forrest County General Hospital</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>6051 Highway 49 South</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Hattiesburg, MS 39404</u>	_____ 1/4 _____ 1/4 Sec <u>17</u> Twn <u>4n</u> Rng <u>13w</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____ 0 Miles south of Hattiesburg
Telephone No. <u>601-268-7000</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>150</u>
Date Pump Installed: <u>9/28/2006</u>	Setting Depth: <u>210</u> feet
Rated Pump Capacity: <u>1000</u> Gallons per minute	Number of Stages: <u>6</u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: <u>6/7/2007</u>	Air Line <input type="checkbox"/> (Electric Measuring Line) <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>84.19</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>210.85</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>126.66</u> Feet Below Land Surface	Well yielded <u>1000</u> GPM with a drawdown of
Test Pumping Rate: <u>1000</u> Gallons Per Minute	<u>126.66</u> feet after <u>8</u> hours of pumping
Duration of Pump test (minimum 4 hours): <u>8</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. [Signature]
 Signature of Pump Installer