

Well 1-A, Plant 2
I called it 1B replaced well 1

County: FORREST

Permit #: MS-6W-16645

Driller: LAYNE-CENTRAL

Date drilling completed: 7/13/09

Well Driller Report and Well Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P. O. Box 2309
 Jackson, MS 39225-2309
 (601) 961-5210
 (601) 354-6938 (fax)

For Office Use Only:
 Aquifer: D 158

Well #: _____

L. S. Elevation: _____

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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>CITY OF HATTIESBURG</u>	Latitude: <u>31-18-48 N 31 18.8</u> Longitude: <u>89 16 54 W 87 16.9</u>
Mailing Address: <u>CITY OF HATTIESBURG</u> <u>PO BOX 1898</u> <u>HATTIESBURG MS 39403</u> City State Zip Code	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, <u>Hand-Held GPS</u> , Survey-grade GPS <u>SE</u> <u>NW</u> 1/4 <u>NE</u> 1/4 Sec <u>15</u> Twn <u>4N</u> Rng <u>13W</u>
Telephone No. (<u>601</u>) <u>545-4501</u>	Distance _____ Miles Direction _____ of Nearest Town <u>HATTIESBURG</u>

Well / Borehole Data

Date drilling started: 5/19/09 Date well drilling completed: 7/13/09 Hole Depth: 715' Hole diameter: 24"

Location of the source of any surface water used for drilling: EXISTING WELL

Method of dosing and volume of Chlorine used in drilling and development: 50 POUNDS INTRODUCED WITH GRAVEL PACK

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): LAYNE-CENTRAL, PENSACOLA, MS

Purpose of borehole (check 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 (check one): Home Industrial Public Supply Irrigation Fish Culture Other: --

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

Static Water Level: 121 feet above or below (circle one) land surface Date measured: _____

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

Well depth: 715' Well grouted to a depth of: 605' Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 605 feet Casing diameter: 16 inches Type of casing: STEEL

Screen length: 60 feet Screen diameter: 10 inches Type of screen: STAINLESS

Screen slot size: 0.020 inches Setting depth: From 610 feet to 670 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: 522 feet. *If telescoped or more than one screen, describe on next page.*

*Replaced GW 3239
(well 1, Plant 2)*

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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 2309
 Jackson, MS 39225-2309
 (601) 961-5210
 (601) 354-6938 (fax)

For Office Use Only:

Aquifer: D 158
 Well #: _____
 Elevation: _____

County: FORREST
 Permit #: MS-GW-16645
 Driller: LAYNE-CENTRAL
 Date Completed: 2/27/10

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: <u>CITY OF HATTIESBURG</u>	Latitude: <u>31-18-48 N 31 18.8</u>	Longitude: <u>89-16-54 W 87 16.9</u>	
Mailing Address: <u>PO BOX 1898</u>	Method of Lat/Long (check one):		Conventional Survey <input type="checkbox"/>
<u>HATTIESBURG MS 39406</u>	USGS quad _____	Hand-Held GPS <input checked="" type="checkbox"/>	Survey-grade GPS <input type="checkbox"/>
City State Zip Code	<u>SE</u>	<u>NW</u> ¼ <u>NE</u> ¼	Sec <u>15</u> T <u>4N</u> R <u>13W</u>
Telephone No. (<u>601</u>) <u>545-4501</u>	Distance _____ Miles	Direction _____	Nearest Town <u>HATTIESBURG</u>

Pump Type Circle One Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input checked="" type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____			Power Type Circle One Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____		
Date Pump Installed: <u>11/6/09</u>			Horse Power Rating of Motor: <u>125</u>		
Rated Pump Capacity <u>1200</u> Gallons Per Minute			Setting Depth: <u>256</u> feet		
			Number of Stages: <u>5</u>		

Pump Test Data Date Well Tested: <u>1/27/09</u> Static Water Level (A): <u>124</u> Feet Below Land Surface Pumping Water Level (B): <u>192</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>68</u> Feet Below Land Surface Test Pumping Rate: <u>1200</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>24</u> hours		Method of Measuring Water Level Circle One Air Line <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>18</u> GPM with a drawdown of <u>68</u> feet after <u>24</u> hours of pumping	
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I hereby certify that the above statements are true to the best of my knowledge.

DAVE COOK 692
 Print Name of Pump Installer and License No. (if applicable)

Dave Cook
 Signature of Pump Installer

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