| | We (1 | 1-A Plant 2 Leally at 10 replaced was For Office Use Only: |
|----------------------------------|--|--|
| County: FORREST | Well Driller Report and Well Log Mississippi Department of Environmental Quality | For Office Use Only: Aquifer: |
| Permit #: MS-6W-16645 | Office of Land and Water Resources P. O. Box 2309 | Well #: |
| Driller: LAYNE-CENTRAL | Jackson, MS 39225-2309 (601) 961-5210 | L. S. Elevation: |
| Date drilling completed: 7/13/09 | (601) 354-6938 (fax) | 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.

| Department at the above address within 30 days of comp Information on Well Owner | Well or Borehole Location | | |
|--|---|--|--|
| (Landowner if borehole is not for a water well) | 10.40 | | |
| Owner Name CITY OF HATTIESBURG | 31-18-48 89 16-54 Latitude: N 31 18.8 Longitude: W 87 16.9 | | |
| Mailing Address: CITY OF HATTIESBURG | Method of Lat/Long (circle one): Conventional Survey | | |
| PO BOX 1898 | USGS quad, Hand-Held GPS, Survey-grade GPS | | |
| HATTIESBURG MS 39403 | DW 14 NE 14 Sec 15 Twn 4N Rng 13W | | |
| City State Zip Code | Distance Direction Nearest Town | | |
| Telephone No. (601) 545-4501 | Miles of HATTIESBURG | | |
| Well / Bor | l ehole Data | | |
| Date drilling started:5/19/09 Date well drilling completed: | | | |
| Location of the source of any surface water used for drilling: | STING WELL | | |
| Method of dosing and volume of Chlorine used in drilling and development devel | opment: 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, PEN | SACOLA, MS | | |
| Purpose of borehole (check one): Water Well Geotechnic | cal/Geological Investigation Ground Source Heat Pump | | |
| Seismic Survey Othe | r (describe) | | |
| If drilling is not related to water well cons | struction, skip the remainder of this block. | | |
| Purpose of Well (check one): Home Industrial Public Sup | oply ✓ Irrigation Fish Culture Other: | | |
| If flowing, method of flow regulation: Valve | Other (describe) | | |
| Static Water Level: feet above or below (circ | ele one) land surface Date measured: | | |
| Method of Measurement (circle one) steel tape elec | ctric 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 | etting depth: From 610 feet to 670 feet | | |
| Type of completion (circle all applicable): Gravel Packed Un | derreamed 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. | | |

Chaplaced Gw 3239 (well 1, Plans 2) MAR 3 8 2010



The sketch below only required for water wells.

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

If well telescopes, show depths on sketch.

| Ground Level | Description of Formations Encountered | From | 10 |
|--|---------------------------------------|------|-----|
| | SANDY CLAY & SAND STREAKS | 0 | 105 |
| | BLUE CLAY | 105 | 180 |
| | CLAY & FINE SAND STREAKS | 180 | 270 |
| | FINE SAND & CLAY STREAKS | 270 | 340 |
| | BLUE CLAY | 340 | 375 |
| | MEDIUM SAND | 375 | 500 |
| | BLUE CLAY | 500 | 535 |
| | FINE SAND | 535 | 560 |
| | SANDY CLAY | 560 | 605 |
| | MEDIUM SAND | 605 | 675 |
| | SANDY CLAY | 675 | 715 |
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| 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) a north arrow. NORTH NOT TO SCALE

Form: OLWR-SWR-1A

I 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.

DAVE COOK

Landowner's Name:

Signature of Licens

Print Name of Responsible Licensee and License No.

CITY OF HATTIESBURG

State Well Report

County: FORREST

Permit #: MS-GW-16645

Driller: LAYNE-CENTRAL

Date Completed: 2/27/10

Copy information from block on Part 1

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: | 158 | | | |
| Well #: | | | | |
| Elevation: | | | | |

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 | 31-18-48 Well Location 89-16-54 |
|--|---|
| Owner Name CITY OF HATTIESBURG | Latitude: N 31 18.8 Longitude: W 87 16.9 |
| Mailing Address: PO BOX 1898 | Method of Lat/Long (check one): Conventional Survey |
| | USGS quad Hand-Held GPS ✓ Survey-grade GPS |
| HATTIESBURG MS 39406 | SE |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. (<u>601</u>) <u>545-4501</u> | Miles of HATTIESBURG |

| | Pump Type Circle One | | | Power Type Circle One | |
|----------------------|-------------------------|--------------------|----------------------|-----------------------|-------------|
| Air Lift | Jet | Submersible | Diesel Engine | Gasoline Engine | Natural Gas |
| Bucket | Piston | Turbine | Electric Motor | Hand | Tractor PTO |
| Centrifugal | Rotary | Flowing Well | Windmill | Other (specify): | |
| Other (specify): | | | Horse Power Rating o | of Motor: | 125 |
| Date Pump Installed: | 11/6/09 | | Setting Depth: | 256 | feet |
| Rated Pump Capacity | 1200 | Gallons Per Minute | Number of Stages: | 5 | • |

| Pump Test Data | | Method of Measuring Water Level Circle One | | | | |
|----------------------------|----------|--|------------------|----------------|----------------|------------------|
| Date Well Tested: | 1/27 | /09 | Air Line | Electric N | Measuring Line | Steel Tape |
| Static Water Level (A): | 124 | Feet Below Land Surface | Other (specify): | | | |
| Pumping Water Level (B): | 192 | Feet Below Land Surface | | | | |
| Drawdown [(B) - (A)]: | 68 | Feet Below Land Surface | For flowing well | l, measured sh | ut in head: | feet |
| Test Pumping Rate: | 1200 | Gallons Per Minute | Well yielded | 18 | GPM with | a drawdown of |
| Duration of Pump Test (mir | imum 4 h | ours): 24 hours | 68 | feet after | 24 | hours of pumping |

| I hereby certify | that the above | statements are | true to the be | st of my knowledge. |
|------------------|----------------|----------------|----------------|---------------------|
| | | | | |

DAVE COOK

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

Signature of Pump Install