

County: HINDS
 Permit #: MS-GW-16076
 Driller: LAYNE-CENTRAL
 Date Drilling Completed: 6/26/06

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 #: H-218
 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.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>UNIVERSITY OF MISSISSIPPI MED CENT</u>	Latitude: <u>N32° 19' 966"</u> Longitude: <u>W090° 09' 723"</u>
Mailing Address: <u>PHYSICAL FACILITIES</u>	Method of Lat/Long (circle one): <u>Hand-Held GPS</u> Conventional Survey <u>93</u>
<u>2500 NORTH STATE STREET</u>	USGS quad, _____ Survey-grade GPS _____
<u>JACKSON MS 39216-4505</u>	<u>— ¼ — ¼ Sec 26 Twn 6N Rng 1E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (<u>601</u>) <u>601.984.1420</u>	<u>500' Miles SOUTH of ST. DOMINIC'S HOSPITAL</u>

Well Data

Purpose of Well (Check one): Home ___ Industrial ___ Public Supply Irrigation ___ Fish Culture ___ Other: ___

Date well drilling started: 7/7/05 Date well drilling completed: 9/18/05

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

Static Water Level: 347 feet above or below (circle one) land surface Date Measured: 5/8/06

Method of Measurement (circle one) steel tape electric tape air line Other: ___

Hole depth: 820' Well depth: 820' Well grouted to a depth of: 715 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 715 feet Casing diameter: 16 inches Type of casing: STEEL

Screen length: 100 feet Screen diameter: 10 inches Type of screen: STAINLESS STEEL

Screen slot size: 0.020 inches Setting depth: From 720 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: 613 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): LAYNE CENTRAL, JACKSON, MS

I certify that the well was drilled, constructed and completed in accordance with applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations and state laws.

DAVE COOK 692
 Print Name of Water Well Contractor and License No. 
Signature of Water Well Contractor

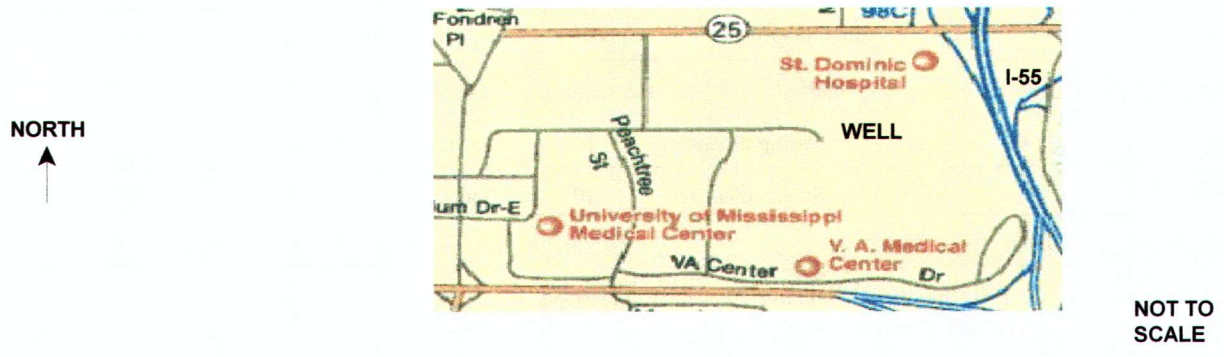
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Ground Level

Description of Formations Encountered	From	To
TOP SOIL	0	5
YELLOW CLAY	5	40
BLUE CLAY	40	69
SANDY CLAY & SHALE	69	230
FINE SAND & CLAY	230	332
HARD SHALE	332	451
SHALE & ROCK STREAKS	451	461
SANDY CLAY & LIGNITE	461	600
SAND	600	840
SANDY SHALE	840	842

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) indicate direction.



Landowner's Name: UNIVERSITY OF MISSISSIPPI MEDICAL CENTER

David [Signature]
 Signature of Water Well Contractor

State Well Report

County: HINDS

Permit #: MS-GW-16076

Driller: LAYNE-CENTRAL

Date Completed: 6/27/06

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)

For Office Use Only:

Aquifer: _____

Well #: H-218

Elevation: _____

This part of the report must be completed by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

Well Owner Information	Well Location
Owner Name <u>UNIVERSITY OF MISSISSIPPI MED CENT</u>	Latitude: <u>N32 ° 19 ' 966 "</u> Longitude: <u>W090 ° 09 ' 723 "</u>
Mailing Address: <u>PHYSICAL FACILITIES</u>	Method of Lat/Long (check one): <u>38</u> Conventional Survey <u>43</u>
<u>2500 NORTH STATE STREET</u>	USGS quad _____ Hand-Held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>JACKSON MS 39216-4505</u>	<u>— ¼ — ¼ Sec 26 T 6N R 1E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (<u>601</u>) <u>601.984.1420</u>	<u>500'</u> Miles <u>SOUTH</u> of <u>ST. DOMINIC'S HOSPITAL</u>

Pump Type Circle One	Power Type Circle One
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input checked="" type="checkbox"/> Turbine	<input checked="" type="checkbox"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>250</u>
Date Pump Installed: <u>11/16/05</u>	Setting Depth: <u>480</u> feet
Rated Pump Capacity <u>AT 85 PSI 1163</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: <u>5/8/06</u>	<input checked="" type="checkbox"/> Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>354</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>402</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>48</u> Feet Below Land Surface	Well yielded <u>1163</u> GPM with a drawdown of
Test Pumping Rate: <u>1163</u> Gallons Per Minute	<u>48</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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)


Signature of Pump Installer

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 OFFICE OF LAND AND WATER RESOURCES