

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961- 5210
(601)961- 5228 (fax)

For Office Use Only:

Aquifer: _____
Well #: H225
L. S. Elevation: _____
E-log #: _____

County: HANDS
Permit #: 16848
Driller: Donald Smith Co
Date drilling completed: 10/18/11
*Substantial Comp

#2

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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name <u>MS Baptist Health Systems</u>	Latitude: <u>32° 19' 02" N</u> Longitude: <u>90° 10' 11" W</u>
Mailing Address: <u>1225 N. State St</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>JACKSON</u> <u>MS</u> <u>39202</u>	NW SE ¼ NW SW ¼ Sec <u>34</u> Twn <u>6N</u> Rng <u>1E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 906-5229</u>	_____ Miles _____ of _____

#2 Well / Borehole Data *substantial comp*

Date drilling started: 10/1/10 Date drilling completed: 10/18/11 Hole depth: 798 Hole diameter: 9 7/8

Location of the source of any surface water used for drilling: None

Method of dosing and volume of Chlorine used in drilling and development: City Water Sodium Hypochlorite

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

Name of organization running log(s): MS OFFICE OF GEOLOGY

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 a flowing well, method of flow regulation: Valve N/A Other (describe) _____

Static Water Level: 350.9 feet above or below (circle one) land surface Date measured: 1/27/11

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

Well depth: 790' Well grouted to a depth of 710 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 710 feet Casing diameter: 16 inches Type of casing: STEEL

Screen length: 75 feet Screen diameter: 10 inches Type of screen: WIRE WRAP ST STEEL

Screen slot size: .020 inches Setting depth: From 715 feet to 790 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: 635 feet. ***If telescoped or more than one screen, describe on next page***

Form: OLWR-SWR-1A (04/08)

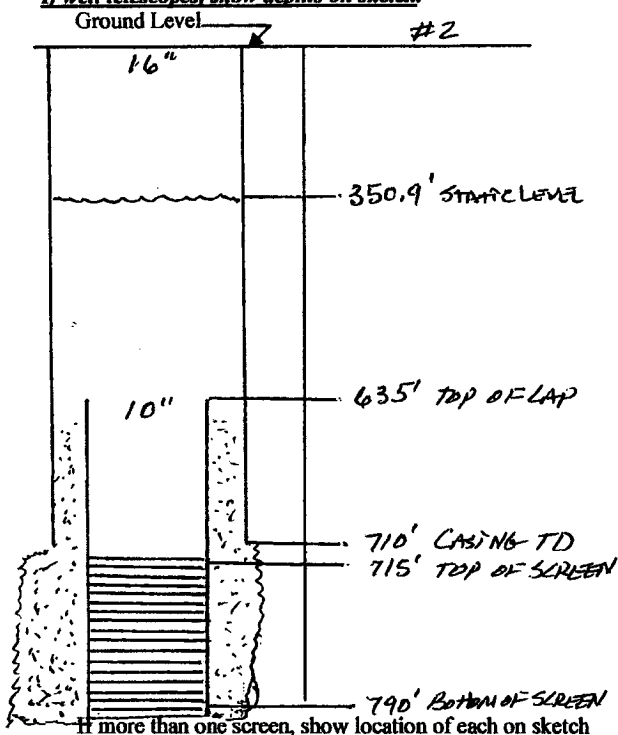
MAR 07 2013

BY: OLWR

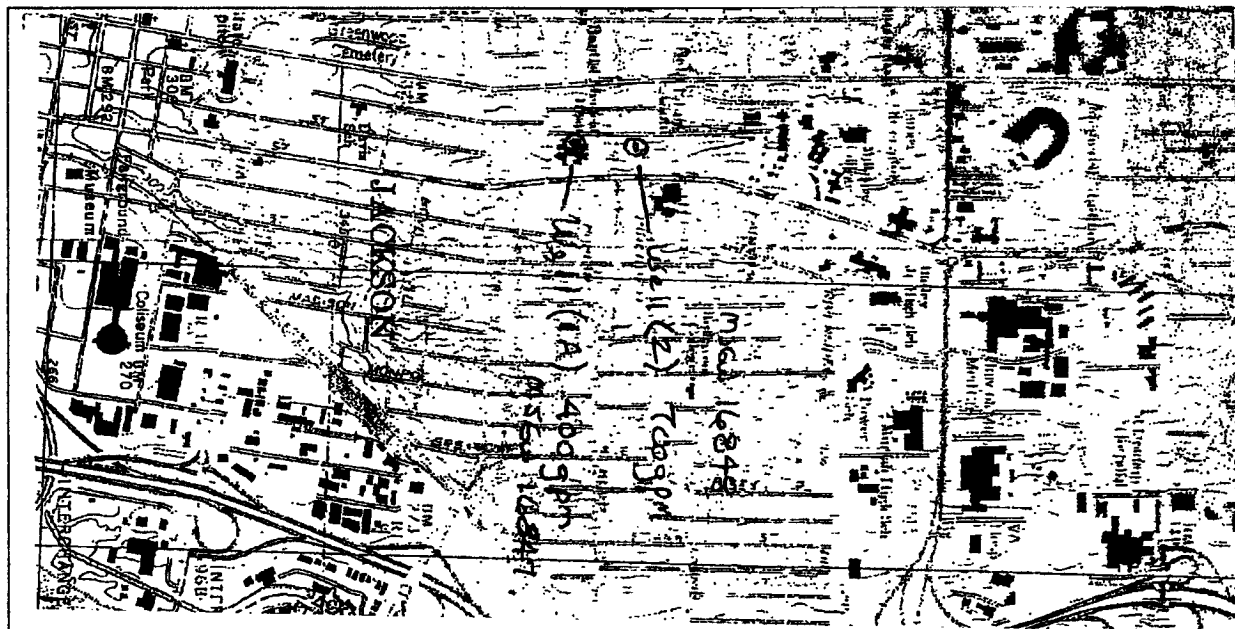
The sketch below only required for water wells

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

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Brown clay/white clay/green clay	Ground Level	31
Green clay to sandy brk & shell	31	62
Sandy clay to clay w/ shale brk	62	92
Mostly clay/shale brks	92	120
clay/shale strks	120	152
Mostly clay	152	182
Clay/shale brk strks	182	214
sandy clay/w shale strks	214	245
sandy w/ shale and clay brks	245	276
sandy shale/sandy clay	276	308
sandy clay/sandy	308	339
sandy mostly/shale strks	339	368
sandy w/ shale brk brks	368	397
sandy mostly w/ brk shale brk	397	428
sandy/sandy clay/shale strks	428	458
sandy clay strks/sandy	458	490
sandy clay/sandy	490	521
sandy clay/clay brks/sandy strks	521	553
sandy clay w/ lignite strks	553	584
sandy clay strks/lignite strks	584	613
sandy mostly/shale strks	613	644
sandy clay/w lignite strks	644	675
clay w/ sandy brks to sandy clay	675	704
sandy clay strks/sandy mostly	704	736
mottled sand	736	767
sandy to sandy clay	767	798



Landowner Name: Ms. Baptist Health System

Form: OLWR-SWR-1A (04/08)

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.

Print Name of Responsible Licensee and License No. DONALD E. SMITH, #767 Date 12-14-12

Signature of Licensee Donald E. Smith

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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
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:

Aquifer: _____
 Well #: H225
 Elevation: _____

County: HINDS

Permit #: _____

Driller: Donald Smith Co

Date completed: _____

Copy information from block on Part 1

#2

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>MS BAPTIST HEALTH SYSTEM</u>	Latitude: <u>32° 19' 02" N</u> Longitude: <u>90° 10' 55" W</u>
Mailing Address: <u>1225 N. STATE ST</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>JACKSON</u> <u>MS</u> <u>39202</u>	USGS quad _____, <u>Hand-held GPS</u> <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NW</u> <u>SE</u> <u>1/4</u> <u>NW</u> <u>1/4</u> Sec <u>34</u> T <u>6</u> N R <u>1 E</u>
Telephone No. <u>(601) 906-5229</u>	Distance _____ Miles Direction _____ of Nearest Town _____

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"/> Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/>	<u>Electric Motor</u> <input checked="" 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>200</u>
Date Pump Installed: _____	Setting Depth: <u>470</u> feet
Rated Pump Capacity: <u>700</u> Gallons Per Minute	Number of Stages: <u>8</u>

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

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

Donald E. Smith, #767
 Print Name of Pump Installer and License No. (if applicable)

Donald E. Smith
 Signature of Pump Installer

RECEIVED

Form: OLWR-SWR-1C (07-09)

MAR 07 2013

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