

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 39225-2309
(601)961-5210
(601)360-0535 (fax)

County: HINDS
Permit #: GW-16302
Driller: LAYNE CHRISTENSEN
Date drilling completed: 6/9/2014

For Office Use Only:
Well #: H-227
Aquifer: _____
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.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>ST. DOMINIC HOSPITAL</u>	Latitude: <u>N 32° 20.244' 12.8</u> Longitude: <u>W 90° 09.965' 57.9</u>
Mailing Address: <u>969 LAKELAND DRIVE</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____
<u>JACKSON</u> MS <u>39216</u>	<u>SW</u> 1/4 <u>NE</u> 1/4, Sec. <u>26</u> T <u>6N</u> R <u>1E</u>
City State Zip Code	_____ Miles _____ of _____ JACKSON
Telephone No. (<u>601</u>) <u>914.6396</u>	(Distance) (Direction) (Nearest Town)

2014
1-29-15

Well / Borehole Data

Date drilling started: 03/27/2014 Date drilling completed: 06/09/2014 Hole depth: 800' Hole diameter: 20"

Location of the source of any surface water used for drilling: _____ N/A

Method of dosing and volume of Chlorine used in drilling and development: _____ N/A

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

Name of organization running log(s): LAYNE CHRISTENSEN COMPANY

Purpose of borehole (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

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

Static Water Level: 320 feet [above or below land surface Date measured: 04/22/2014
(circle one)]

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Well depth: 800' Well grouted to a depth of: 735 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 735 feet Casing diameter: 12 inches Type of casing: STEEL

Screen length: 60 feet Screen diameter: 8 inches Type of screen: STAINLESS STEEL

Screen slot size: 0.018 inches Setting depth: From 740 feet to 800 feet

Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet

If telescoped or more than one screen, describe on next page

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BY: OLWR

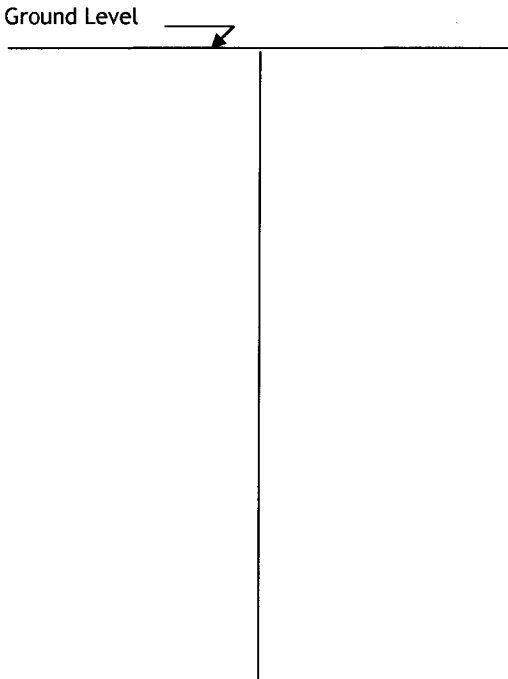
MSDH # 0250101-01

County: HINDS
 Permit #: GW 16302

For Office Use Only:
 Well #: H-227

The sketch below only required for water wells

If well telescopes, show depths on sketch.



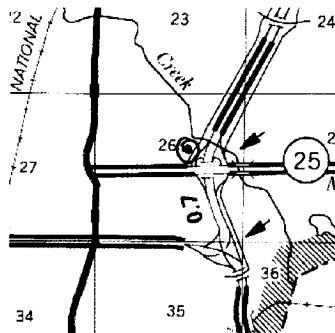
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
CLAY	Ground level	20
CLAY & LIGNITE	20	40
CLAY & SAND	40	60
CLAY	60	180
SAND	180	200
SAND & CLAY	200	220
CLAY	220	280
SAND & CLAY	280	300
CLAY	300	520
SAND	520	580
CLAY	580	620
SAND	620	840
CLAY	840	900
CLAY & SAND	900	920
SAND	920	940
SAND & CLAY	940	960
CLAY	960	1000

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) north arrow



NOT TO SCALE

Landowner Name: ST. DOMINIC HOSPITAL

I HEREBY 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.

JOEY SAVORGNAN 0-766 07/06/2015
 Print Name of Responsible Licensee and License No. Date

Signature of Licensee

Form OLWR-SWR-1A (4/13)

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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) 360-0535 (fax)

County: HINDS
 Permit #: Gw 16302
 Driller: LAYNE CHRISTENSEN
 Date completed: 01/27/2015
Copy information from block on Part 1

For Office Use Only:

Well #: H227
 Aquifer: _____

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>ST. DOMINIC HOSPITAL</u>	Latitude: <u>N 32' 20.217</u> Longitude: <u>W 90' 09.965</u>
Mailing Address: <u>969 LAKELAND DRIVE</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
JACKSON MS 39216	<u>SW</u> 1/4 <u>NE</u> 1/4, Sec 26 T 6N R 1E
City State Zip Code	_____ Miles of JACKSON (Distance) (Direction) (Nearest Town)
Telephone No. (601) 914.6396	

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 10/30/2014 Rated Pump Capacity: 600 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 100 Setting Depth: 480 feet Number of Stages: 7

Pump Test Data for Non Flowing Well

Date Well Tested: 1/27/2015 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 320 Feet Below Land Surface Pumping Water Level (B): 364 Feet Below Land Surface

Drawdown [(B) - (A)]: 44 Feet Below Land Surface Test Pumping Rate: 633 Gallons Per Minute

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: _____

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: _____ Meter installed by: _____

Is This Meter (circle one): New Repaired Replacement

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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

JOEY SAVORGNAN 0-766 07/06/2015
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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JUL 08 2015

BY: OLWR