

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: HOLMES
Permit #: FW 16984
Driller: LAYNE CHRISTENSEN CO
Date drilling completed: 2/2/2013

For Office Use Only:

Well #: T 51
Aquifer: _____
E-Log #: _____

MSDH # 0260006-04

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 <small>(Landowner if borehole is not for a water well)</small> | Well or Borehole Location |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| Owner Name: <u>CITY OF DURANT</u> | Latitude: <u>N 33° 04.800</u> Longitude: <u>W 89° 51.432</u> <u>33° 4' 48"</u> <u>89° 51' 25"</u> |
| Mailing Address: <u>PO BOX 272</u> | Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| <u>DURANT</u> MS 39063 | <u>SE SW</u> 1/4 <u>SW SE</u> 1/4, Sec 11 (1R) T <u>14</u> N R <u>4</u> E |
| City State Zip Code | _____ Miles of _____ DURANT |
| Telephone No. (<u>662</u>) <u>653-3221</u> | (Distance) (Direction) (Nearest Town) |

Well / Borehole Data

Date drilling started: 11/15/2012 Date drilling completed: 02/02/2013 Hole depth: 700' Hole diameter: 18"

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, JACKSON, MS

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 _____ N/A _____ Other (describe) _____

Static Water Level: 62 feet [above or below] land surface Date measured: 6/20/2013
(circle one)

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

Well depth: 703' Well grouted to a depth of: 635 feet Type of grout (circle one): Neat Cement _____ Bentonite _____ Mix _____

Casing length: 635 feet Casing diameter: 18 inches Type of casing: STEEL

Screen length: 60 feet Screen diameter: 10 inches Type of screen: SS WIRE-WRAPPED

Screen slot size: 0.020 inches Setting depth: From 640 feet to 700 feet

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

Other (describe): _____

Top of lap pipe or reduction in casing: 577 feet

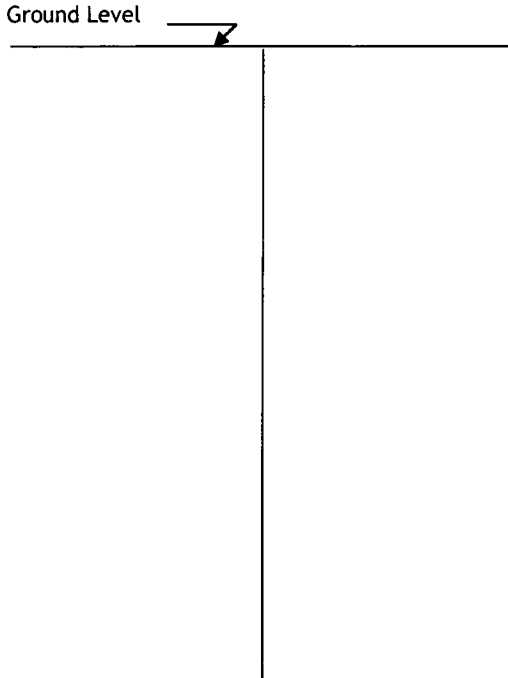
If telescoped or more than one screen, describe on next page

County: HOLMES
 Permit #: GN 16984

For Office Use Only:
 Well #: T 51

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

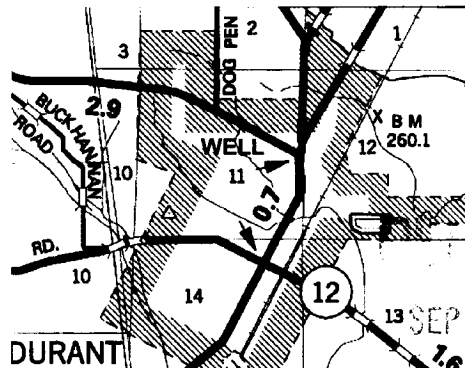
| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| CLAY & SAND | Ground level | 65 |
| BLUE CLAY | 65 | 95 |
| SAND & CLAY | 95 | 135 |
| CLAY BLUE | 135 | 140 |
| GRAY SAND | 140 | 185 |
| HARD CLAY | 185 | 225 |
| ROCK | 225 | 228 |
| HARD SHALE | 228 | 265 |
| HARD SHALE & SAND STREAKS | 265 | 345 |
| SAND & SHALE (HARD) | 345 | 440 |
| HARD SHALE, ROCK STREAKS | 440 | 575 |
| SAND (MEDIUM) | 575 | 710 |
| CLAY | 710 | 730 |

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

NORTH



NOT TO SCALE

Landowner Name: CITY OF DURANT

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 UNR-00000766

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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

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: HOLMES
 Permit #: Gw 16984
 Driller: LAYNE CHRISTENSEN CO
 Date completed: 6/20/2013
Copy information from block on Part 1

For Office Use Only:

Well #: T 51
 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.

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p style="text-align: center;">Well Owner Information</p> <p>Owner Name: <u>CITY OF DURANT</u></p> <p>Mailing Address: <u>PO BOX 272</u></p> <p style="text-align: center;"><u>DURANT</u> <u>MS</u> <u>39063</u></p> <p>City State Zip Code</p> <p>Telephone No. (<u>662</u>) <u>653-3221</u></p> | <p style="text-align: center;">Well Location</p> <p><u>33° 4' 48"</u> <u>89° 51' 25"</u> Latitude: <u>N 33' 04.800</u> Longitude: <u>W 89' 51.432</u></p> <p>Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____</p> <p>USGS quad _____, Sec <u>11 (IR)</u> T <u>14N</u> R <u>4E</u></p> <p><u>SE</u> <u>SW</u> <u>NE</u> <u>NW</u> _____ Miles <u>SE</u> of <u>DURANT</u> (Distance) (Direction) (Nearest Town)</p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Pump Type (circle one)

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

Date Pump Installed: 4/4/2013 Rated Pump Capacity: 500 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: 25 Setting Depth: 124 feet Number of Stages: 4

Pump Test Data for Non Flowing Well

Date Well Tested: 2/4/2013 Duration of Pump Test (minimum 4 hours): 8 hours

Static Water Level (A): 64 Feet Below Land Surface Pumping Water Level (B): 102 Feet Below Land Surface

Drawdown [(B) - (A)]: 38 Feet Below Land Surface Test Pumping Rate: 757 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: WATER SPECIALTIES Meter Serial Number: _____

Meter Model Number/Name: MODEL ML04 Type of Meter: _____

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

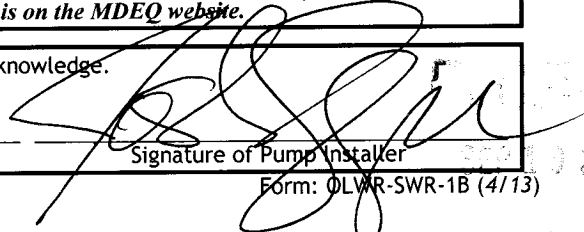
Installation Date: 4/4/2013 Meter installed by: LAYNE CHRISTENSEN COMPANY

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 UNR-00000766
 Print Name of Pump Installer and License No. (if applicable) Date

 Signature of Pump Installer

T 51



LAYNE CHRISTENSEN COMPANY
PO BOX 10206
JACKSON, MS 39289-0206
TEL:601/922-4312
FAX:601/922-9358

LETTER OF TRANSMITTAL

DATE: 9/9/14

PROJECT: CITY OF DURANT

TO: MR. JAMES MACLELLAN
MS DEQ BUREAU OF LAND & WATER
PO BOX 2309
JACKSON, MS 39225-2309

RECEIVED
SEP 10 2014
10:00 AM

WE ARE SENDING YOU THE FOLLOWING ITEMS:

Attached Separately

VIA: _____

| NO. | DATE | COPIES | DESCRIPTION |
|-----|------|--------|------------------------------------|
| 1 | | 1 | WELL DRILLER'S REPORT AND WELL LOG |
| 2 | | 1 | E-LOG |
| 3 | | 1 | PUMP INSTALLER'S COMPLETION REPORT |

THESE ARE TRANSMITTED AS CHECKED BELOW:

- For approval
- For your use
- As requested
- For review and comment
-

Original photos on 3rd floor with other photos.
[Signature]
3-27-15

REMARKS:

COPY TO: _____

BY: VERONICA GRISHAM *[Signature]*

GW 16984
051T0051



SW SE S11 T14N R043 JOB# 20842

COMPANY : CITY OF DURANT
WELL : JOB# 20842
LOCATION/FIELD : DURANT
COUNTY : HOLMS
SECTION : DURANT

OTHER SERVICES:

TOWNSHIP

RANGE :

DATE : 01/19/13
DEPTH DRILLER : 710'
LOG BOTTOM : 711.98
LOG TCP : 613.27

PERMANENT DATUM :

LOG MEASURED FROM: GL.
DRL MEASURED FROM: GL.

KB :
DF :
GL :

SING DIAMETER : 10.
SING TYPE : STEEL
SING THICKNESS: 0"

LOGGING UNIT : 2643
FIELD OFFICE : JACKSON
RECORDED BY : COLWART

SIZE : 12.225"
MAGNETIC DECL. : 3.9
MATRIX DENSITY : 2.85
MATRIX : DOLOMITE

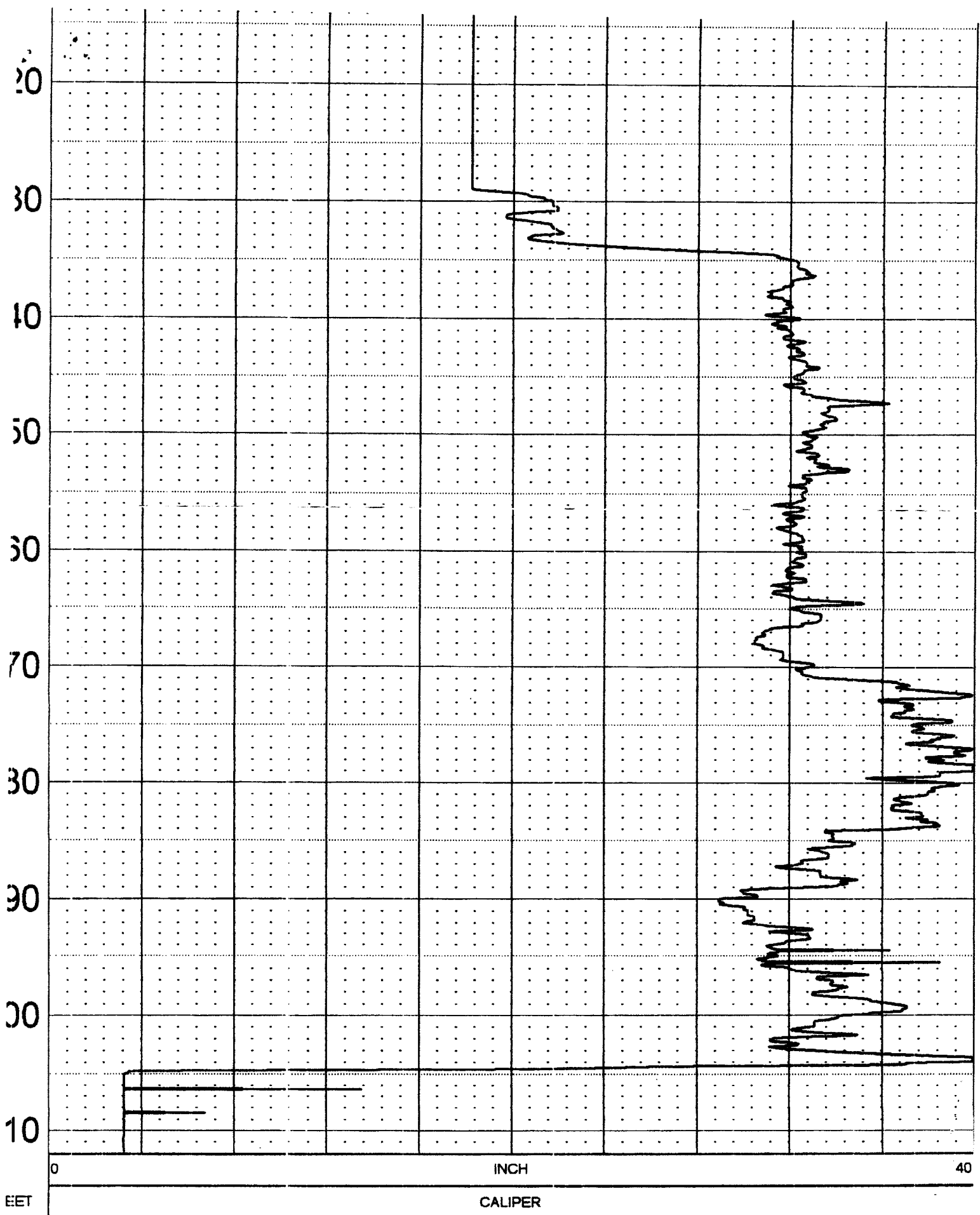
BOREHOLE FLUID :
RM :
RM TEMPERATURE :
MATRIX DELTA T : 44

FILE : ORIGINAL
TYPE : 9065A1
LGDATE: 01/19/13

THRESH: 99999

GPS COORDINATES N 33' 04. 800 W 89' 51.432

ALL SERVICES PROVIDED SUBJECT TO STANDARD TERMS AND CONDITIONS



051T0051 ELOG Pg 2