

County: JACKSON
 Permit #: MS-GW-16862
 Driller: LAYNE CHRISTENSEN
 Date drilling completed: 4/8/11

Well Driller Report and Well Log
 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: _____
 Well #: P495
 L. S. Elevation: _____
 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.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name <u>CITY OF PASCAGOULA</u>	Latitude: <u>N 30° 21.528³¹</u> Longitude: <u>W 88° 33.117⁰⁷</u>
Mailing Address: <u>PO DRAWER 908</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey
<u>PASCAGOULA MS 39568</u>	USGS quad, <input checked="" type="radio"/> Hand-Held GPS, <input type="radio"/> Survey-grade GPS
City State Zip Code	<u>IR 1/4 IR 1/4 Sec 5 Tw n 8 S Rng 6 W</u>
Telephone No. (<u>228</u>) <u>938-6600</u>	Distance Direction Nearest Town
	_____ Miles _____ of <u>PASCAGOULA</u>

Well / Borehole Data

Date drilling started: 4/7/11 Date well drilling completed: 4/8/11 Hole Depth: 330' Hole diameter: 24"

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

Method of dosing and volume of Chlorine used in drilling and development: NONE

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

Static Water Level: 52 feet above or below (circle one) land surface Date measured: 12/14/11

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

Well depth: 330' Well grouted to a depth of: 80' Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 20 inches Type of casing: STEEL

Screen length: 100 feet Screen diameter: 12 inches Type of screen: ROD-BASED WIRE-WRAPPED

Screen slot size: 0.025 inches Setting depth: From 230 feet to 330 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: _____ feet. *If telescoped or more than one screen, describe on next page.*

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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.

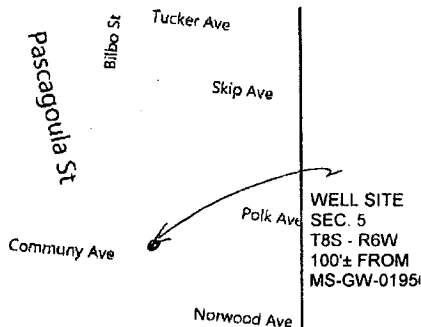
If well telescopes, show depths on sketch.

Ground Level

Description of Formations Encountered	From	To
TOP SOIL	0	2
CLAY	2	4
SAND	4	26
GREY CLAY	26	30
GREY CLAY & SHALE	30	45
GREY CLAY & SAND	45	60
SAND	60	101
COARSE SAND	101	198
GREY CLAY	198	210
SAND & GRAVEL	210	235
MEDIUM SAND	235	281
CLAY	281	283
MEDIUM SAND	283	339
WOOD & CLAY	339	344
CLAY & SANDY CLAY	334	384
GREY CLAY	384	400

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.



Landowner's Name: CITY OF PASCAGOULA

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 0-692
 Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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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) 354-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: P495
 Elevation: _____

County: JACKSON
 Permit #: MS-GW-16862
 Driller: LAYNE CHRISTENSEN
 Date Completed: 12/14/2011

Copy information from block on Part 1

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> CITY OF PASCAGOULA </u>	Latitude: <u> N 30' 21.528 31 </u> Longitude: <u> W 88' 33.117 07 </u>
Mailing Address: <u> PO DRAWER 908 </u>	Method of Lat/Long (check one): Conventional Survey _____
<u> PASCAGOULA </u> <u> MS </u> <u> 39568 </u>	USGS quad _____ Hand-Held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u> IR ¼ </u> <u> IR ¼ </u> Sec <u> 5 </u> T <u> 8S </u> R <u> 6W </u>
Telephone No. (<u> 228 </u>) <u> 938-6600 </u>	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of <u> PASCAGOULA </u>

Pump Type Circle One	Power Type Circle One
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> Turbine	<input checked="" type="checkbox"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): <u> N/A </u>
Other (specify): <u> N/A </u>	Horse Power Rating of Motor: <u> 60 </u>
Date Pump Installed: <u> 12/14/2011 </u>	Setting Depth: <u> 145 </u> feet
Rated Pump Capacity <u> AT 40 PSI 787 </u> Gallons Per Minute	Number of Stages: <u> 4 </u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: <u> 12/14/2011 </u>	<input checked="" type="checkbox"/> Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u> 52 </u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u> 69 </u> Feet Below Land Surface	
Drawdown [(B) - (A)]: <u> 17 </u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u> 787 </u> Gallons Per Minute	Well yielded <u> 787 </u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u> 4 </u> hours	<u> 17 </u> feet after <u> 4 </u> hours of pumping

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.

 DAVE COOK 692
 Print Name of Pump Installer and License No. (if applicable)


 Signature of Pump Installer

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