

County: Rankin
 Permit #: _____
 Driller: Will Barlow
 Date drilling completed: 5-29-09

State Well Report
 Part I
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-3210
 (601)354-6938 (fax)

For Office Use Only:
 Aquifer: K214
 Well #: _____
 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.

| Well Owner Information | Well Location |
|---|--|
| Owner Name: <u>City of Pearl</u> | Latitude: <u>32° 18' 36" N</u> Longitude: <u>90° 03' 35" W</u> |
| Mailing Address: <u>2420 Old Brandon Rd</u> | Method of Loc/Log (circle one): <u>Conventional Survey</u> |
| <u>Pearl MS</u> | USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS |
| City State Zip Code | <u>NE 1/4 Sec 2 Twp 5N Rng 2E</u> |
| Telephone No. (601) <u>932-3520</u> | Distance Direction Nearest Town <u>1</u> Miles <u>E</u> of <u>Pearl</u> |

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: log Hole

Date well drilling started: 5-15-08 Date well drilling completed: 5-29-08

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

Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 1355 Well depth: _____ Well grouted to a depth of _____ feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: _____ feet Casing diameter: _____ inches Type of casing: _____

Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____

Screen slot size: _____ inches Setting depth: From _____ feet to _____ 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 back of page

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

Name of organization running log(s): MDEQ K-214

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

Arnold Fincher Jr 0-560 _____
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

109 Hole only Plugged with cement

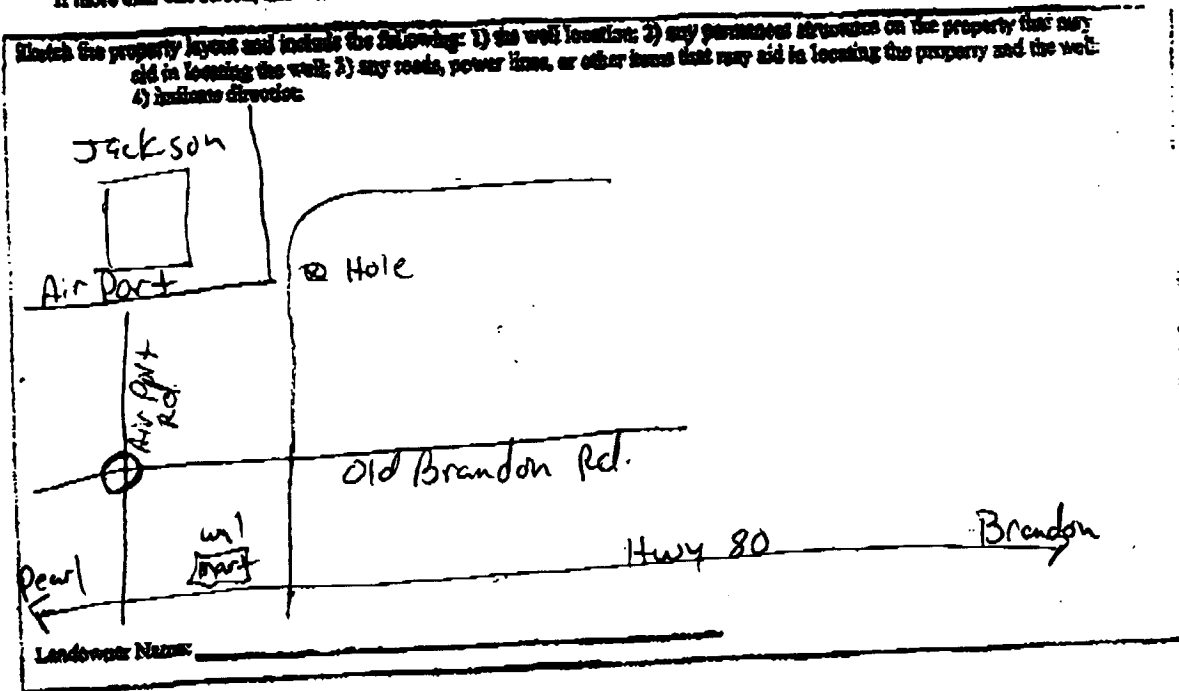
If well telescopes please sketch below and show depths.

K214

Ground Level

| Description of Formations Encountered | From | To |
|---------------------------------------|------|------|
| Clay clay | 0 | 450 |
| Sandy clay | 450 | 570 |
| Sand | 570 | 630 |
| Sandy clay | 630 | 670 |
| Sand | 670 | 725 |
| Clay | 725 | 940 |
| Sandy clay | 940 | 1200 |
| Sand | 1200 | 1275 |
| Clay | 1275 | 1310 |
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If more than one entry, show location of each on sketch



[Handwritten Signature]

Signature of Well Well Company