

County: Rankin
 Permit #: MS-GW-16287
 Driller: C. Quiny / P. Herndon
 Date drilling completed: _____

**State Well Report
 Part 1 - Driller's Log**

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: L-85
 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.

<p>Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name <u>City of Brandon</u> Mailing Address: _____ _____ <u>Brandon MS 39042</u> City State Zip Code Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>32° 16' 36"</u> Longitude: <u>90° 00' 49"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>17</u> Twn <u>5N</u> Rng. <u>3E</u> Distance _____ Direction _____ Nearest Town _____ Miles _____ of <u>Brandon</u></p>
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Well / Borehole Data

Date drilling started: 8-04 Date drilling completed: 4-07 Hole depth: 1370 Hole diameter: 24"
 Location of the source of any surface water used for drilling: City water main only
 Method of dosing and volume of Chlorine used in drilling and development: _____
 Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): DEQ
 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

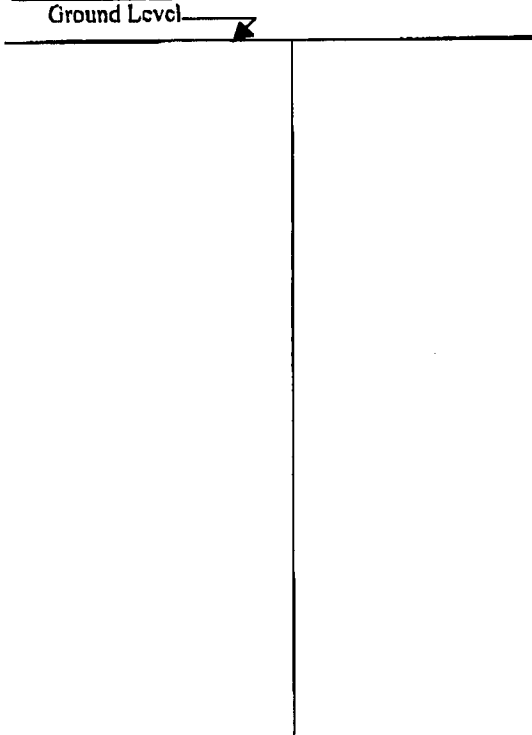
Purpose of Well (check one): Home _____ Industrial _____ Public Supply Irrigation _____ Fish Culture _____ Other: _____
 If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 346 feet above or below (circle one) land surface Date measured: 5-21-07
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 1370 Well grouted to a depth of 0-120 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 1280 feet Casing diameter: 16 inches Type of casing: 375 wall black steel
 Screen length: 80 feet Screen diameter: 10 inches Type of screen: Johnson
 Screen slot size: 20 inches Setting depth: From 1290 feet to 1370 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: 1190 feet *If telescoped or more than one screen, describe on next page*

L-85

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

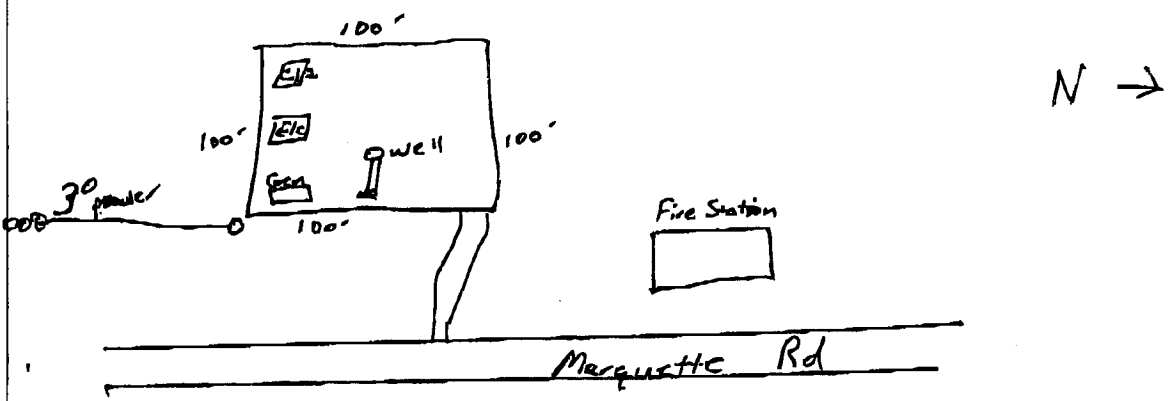
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Surface soil	0'	4'
Line stone	4'	12'
Sand	12'	20'
grey clay	20'	520'
Sandy clay	520'	660'
sand	660'	870'
grey clay	870'	1020'
sandy clay	1020'	1250'
sand	1250'	1385'
Clay	1385'	1600'

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 Name: City of Brandon

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.

Ryan Herndon 0-700
Print Name of Responsible Licensee and License No.

7-2-07
Date

[Signature]
Signature of Licensee

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: L-85
 Elevation: _____

County: Rankin
 Permit #: GW16287
 Driller: R. Herndon / Quinn
 Date completed: 5-21-07
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 Brandon</u>	Latitude: <u>32 16 36</u> Longitude: <u>90 00 49</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____
<u>Brandon MS 39042</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>17</u> T <u>5N</u> R <u>3E</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of <u>Brandon</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>250</u>
Date Pump Installed: <u>4-02-07</u>	Setting Depth: <u>500</u> feet
Rated Pump Capacity: <u>1020</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-21-07</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>346</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>399</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>53</u> Feet Below Land Surface	Well yielded <u>1020</u> GPM with a drawdown of
Test Pumping Rate: <u>1020</u> Gallons Per Minute	<u>53</u> feet after <u>24</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

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

Ryan Herndon 0-700
 Print Name of Pump Installer and License No. (if applicable)


 Signature of Pump Installer