

County: RANKIN
 Permit #: MS-GW-16384
 Driller: LAYNE-CENTRAL
 Date Drilling Completed: 5/12/08

REVISED
Well Driller Report and Well 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 #: P117
 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.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name <u>CITY OF FLORENCE</u>	Latitude: <u>N 32° 09.194'</u> Longitude: <u>W 90° 06.216'</u>
Mailing Address: <u>PO BOX 187</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey
<u>203 COLLEGE STREET</u>	USGS quad, <input checked="" type="radio"/> Hand-Held GPS, <input type="radio"/> Survey-grade GPS
<u>FLORENCE MS 39073</u>	<u>SW/SW 1/4</u> Sec <u>28</u> Twn <u>4N</u> Rng <u>2E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (<u>601</u>) <u>845.2462</u>	<u>1/2</u> Miles <u>SE</u> of <u>FLORENCE H S</u>

Well Data

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

Date well drilling started: 4/2/08 Date well drilling completed: 5/12/08

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

Static Water Level: 300 feet above or below (circle one) land surface Date Measured: 5/16/08

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

Hole depth: 1340' Well depth: 1340' Well grouted to a depth of: 1240 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 1240 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: 0.020 inches Setting depth: From 1250 feet to 1310 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: 1168 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): LAYNE-CENTRAL, JACKSON, MS

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

DAVE COOK 692 Signature of Water Well Contractor

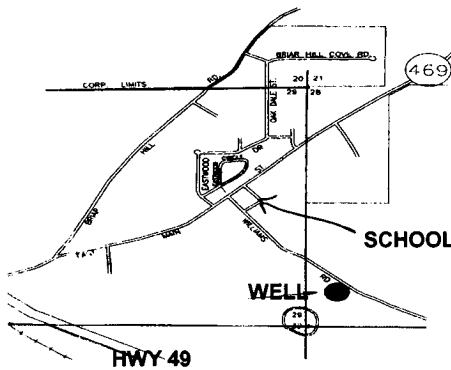
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Ground Level

Description of Formations Encountered	From	To
SANDY CLAY	0	12
SAND	12	77
CLAY	77	90
SAND/CLAY STREAKS	90	315
CLAY (YAZOO)	315	735
SANDY CLAY	735	780
CLAY	780	820
SAND WITH CLAY STREAKS	820	1070
CLAY	1070	1240
SAND	1240	1315
CLAY	1315	1340

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) indicate direction.



NOT TO SCALE

Landowner's Name: CITY OF FLORENCE

Signature of Water Well Contractor

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BY: OLWA

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:

County: RANKIN
 Permit #: MS-GW-16384
 Driller: LAYNE-CENTRAL
 Date Completed: 12/15/08

Aquifer: _____
 Well #: P
 Elevation: _____

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 FLORENCE </u>	Latitude: <u> N 32° 09.196' </u> Longitude: <u> W 090° 06.221' </u>
Mailing Address: <u> PO BOX 187 </u>	Method of Lat/Long (check one): <u> 12 </u> Conventional Survey <u> 13 </u>
<u> FLORENCE </u> <u> MS </u> <u> 39073 </u>	USGS quad _____ Hand-Held GPS _____ Survey-grade GPS _____
City State Zip Code	<u> SW </u> <u> ¼ </u> <u> SW </u> <u> ¼ </u> Sec <u> 28 </u> T <u> 4N </u> R <u> 2E </u>
Telephone No. (<u> 601 </u>) <u> 845-1749 </u>	Distance _____ Direction _____ Nearest Town _____
	<u> 1 </u> Miles <u> SOUTHEAST </u> of <u> FLORENCE </u>

Pump Type Circle One	Power Type Circle One
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine	<input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): <u> -- </u>
Other (specify): <u> -- </u>	Horse Power Rating of Motor: <u> 75 </u>
Date Pump Installed: <u> 10/17/08 </u>	Setting Depth: <u> 470 </u> feet
Rated Pump Capacity <u> 300 </u> Gallons Per Minute	Number of Stages: <u> 13 </u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: <u> 10/17/08 </u>	Air Line <input type="checkbox"/> <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): <u> 311 </u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u> 359 </u> Feet Below Land Surface	
Drawdown [(B) - (A)]: <u> 48 </u> Feet Below Land Surface	For flowing well, measured shut in head: <u> -- </u> feet
Test Pumping Rate: <u> 363 </u> Gallons Per Minute	Well yielded <u> 363 </u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u> 4 </u> hours	<u> 48 </u> feet after <u> 4 </u> hours of pumping

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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FEB 12 2009

BY: OLWR