

County: Stone
 Permit #: MS-600-16496
 Driller: Griner Drilling Service Inc.
 Date drilling completed: 10/21/2008

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 #: B-86
 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 Wiggins</u> | Latitude: <u>30°51' 52.03" N</u> | Longitude: <u>89°08'19.20" W</u> | |
| Mailing Address: <u>117 First St. North</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> , <u>Google Earth</u> | | |
| <u>Wiggins</u> MS. <u>39577</u> | USGS quad, Hand-held GPS, Survey-grade GPS | | |
| City State Zip Code | <u>NE</u> 1/4 <u>NE</u> 1/4 Sec <u>24</u> Twn <u>25</u> Rng <u>12W</u> | Distance _____ Miles | Direction _____ |
| Telephone No. <u>(601) 928-7221</u> | Nearest Town _____ Intersection of <u>First St. & Davis Ave (Wiggins)</u> | | |

Well Data

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

Date well drilling started: 9/12/2008 Date well drilling completed: 10/21/2008

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

Static Water Level: _____ 200 feet above or below (circle one) land surface Date measured: 10/27/2008

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

Hole depth: _____ 1000' Well depth: 950' Well grouted to a depth of 850' feet

Type of grout (circle one) Cement Bentonite Mix

Casing length: 850 feet Casing diameter 12.75 inches Type of casing: Black Steel

Screen length: 80 feet Screen diameter 8.625 inches Type of screen: 304 SS (0.020 slot)

Screen slot size: 0.020 inches Setting depth: From 860 feet to 940 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: 780' 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): Griner Drilling Service Inc.

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

Griner Drilling Service 0-184
 Print Name of Water Well Contractor and License No.

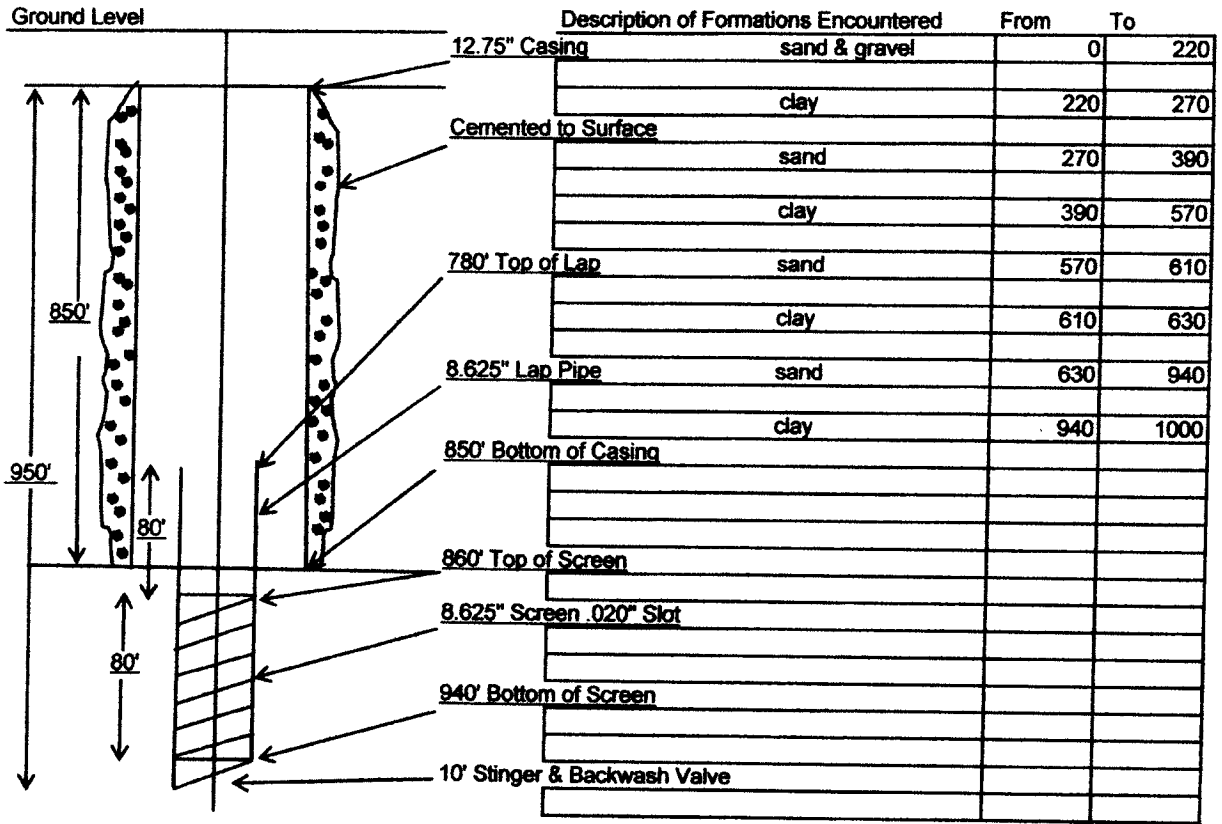
Chub H. R...
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths

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FEB 04 2009

BY: OLM



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.

Landowner Name: City of Wiggins

Charles H. R...
 Signature of Water Well Contractor

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 BY: [Signature]

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County: Stone

Permit # : _____

Driller: Griner Drilling Service Inc.

Date Completed: 10/21/2008

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 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39288-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: B-86

Elevation: _____

This report must be prepared by the pump installer in detail and filed with the Department with 30 days of the installation of pump. A copy of Part 1 of this report must be attached to the report.

| Well Owner Information | Well Location |
|---|--|
| Owner Name <u>City of Wiggins</u> | Latitude: <u>30°51' 52.03" N</u> Longitude: <u>89°08'19.20" W</u> |
| Mailing Address: <u>117 First St. North</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> , <u>Google Earth</u> USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Wiggins</u> MS. <u>39577</u> | <u>1/4</u> <u>1/4</u> Sec <u> </u> Twn <u> </u> Rng <u> </u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>(601) 928-7221</u> | Miles <u> </u> Intersection of <u>First St. & Davis Ave. (Wiggins)</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift <u>Jet</u> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket <u>Piton</u> <u>Turbine</u> | <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal <u>Rotary</u> <u>Flowing Well</u> | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>75</u> |
| Date Pump Installed: <u>1/5/2009</u> | Setting Depth: <u>280</u> feet |
| Rated Pump Capacity: <u>500</u> Gallons per minute | Number of Stages: <u>6</u> |

| Pump Test Data | Method of Measuring Water Level Circle One |
|--|---|
| Date Well Tested: <u>10/27/2008</u> | Air Line <u>Electric Measuring Line</u> Steel Tape |
| Static Water Level (A): <u>200</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B) <u>240</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown ((B) - (A)) : <u>40</u> Feet Below Land Surface | Well yielded <u>500</u> GPM with a drawdown of |
| Test Pumping Rate: <u>500</u> Gallons Per Minute | <u>40</u> feet after <u>24</u> hours of pumping |
| Duration of Pump test (minimum 4 hours) : <u>2 4</u> hours | |

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

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

Charles H. [Signature]
 Signature of Pump Installer

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 BY: OLWR