

### State Well Report

#### Part 1 - Driller's Log

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2307  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

County: CALHOUN  
 Permit #: MS-CIN-16652  
 Driller: Aldric Jones  
 Date drilling completed: 3-16-10

For Office Use Only:  
 Aquifer: C55  
 Well #: \_\_\_\_\_  
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Mt Comfort Water Association Incorporated</u>	Latitude: <u>34° 02' 05.5"</u> Longitude: <u>89° 21' 24.3"</u>
Mailing Address: <u>209 Center Street</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Bruce</u> MS <u>38915</u> City State Zip Code	NW ¼ SE ¼ Sec <u>13</u> Twn <u>12S</u> Rng <u>2W</u>
Telephone No. <u>(662) 489-1525</u>	Distance <u>3</u> Miles <u>North</u> of <u>Bruce</u>

**Well / Borehole Data**

Date drilling started: 2-1-10 Date drilling completed: 3-16-10 Hole depth: 1964' Hole diameter: 20"

Location of the source of any surface water used for drilling: Mt. Comfort System  
 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): State of Mississippi

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) N/A

Static Water Level: 249' feet above or below (circle one) land surface Date measured: 3-16-10

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

Well depth: 1960' Well grouted to a depth of 1895 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 1895 feet Casing diameter: 12 inches Type of casing: Steel

Screen length: 60 feet Screen diameter: 8 inches Type of screen: Stainless Steel

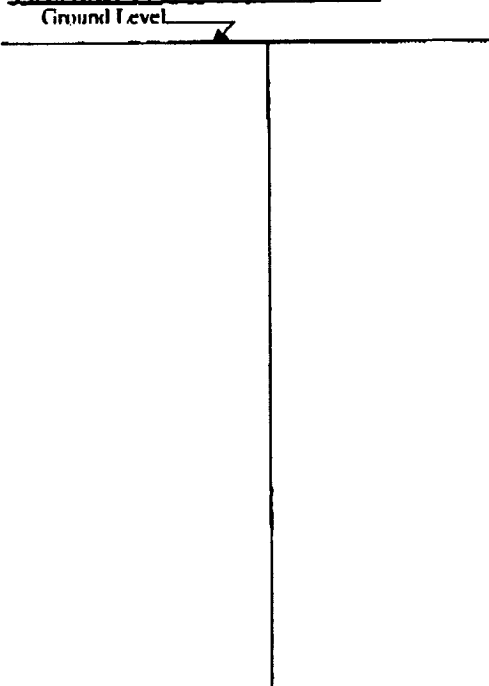
Screen slot size: .020 inches Setting depth: From 1900 feet to 1960 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
 Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: 1820 feet *If telescoped or more than one screen, describe on next page*

The sketch below only required for water wells.

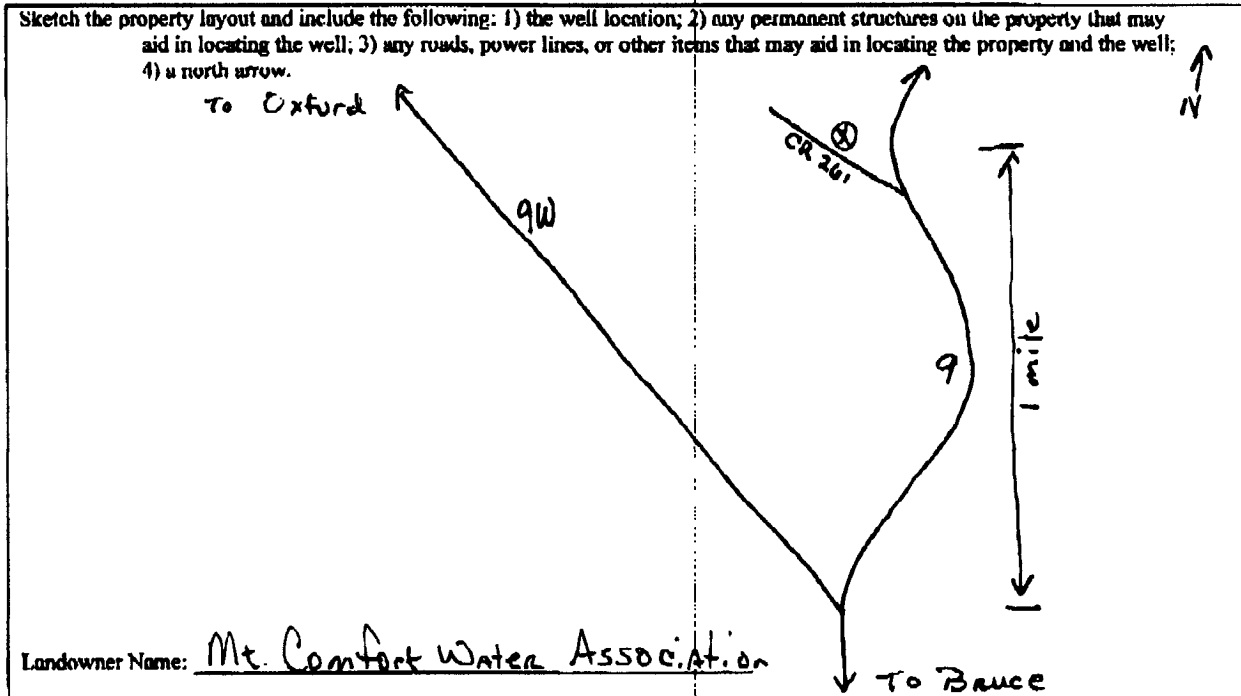
If well telescopes, show depths on sketch.



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
CLAY	Ground Level	35
ROCK	35	38
CLAY	38	105
SAND w/ CLAY STRIPES	105	195
CLAY	195	273
CLAY w/ SHALE	273	340
LIME STONE	340	352
CLAY w/ SHALE	352	480
SHALE w/ CLAY & ROCK STRIPES	480	1428
SHALE	1428	1700
FINE SAND (HAND PACKED)	1700	1850
SAND & GRAVEL	1850	1976
CLAY	1976	1985

If more than one screen, show location of each on sketch



Form: OLWR-SWR-1A (04/08)

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.

Clayton Miller 0-703 3-27-10  
Print Name of Responsible Licensee and License No. Date

Clayton Miller  
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 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

County: Caldwell  
 Permit # \_\_\_\_\_  
 Driller: John Morgan  
 Date completed: 4-30-10  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Aquifer: G55  
 Well #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

*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>Mt Comfort Water Association Incorporated</u>	Latitude: <u>N 34° 02' 05.5"</u> Longitude: <u>W 89° 21' 24.3"</u>
Mailing Address: <u>209 Center Street</u>	Method of Lat/Long (check one): Conventional Survey _____
	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Bruce</u> MS <u>38915</u>	<u>NW 1/4 SE 1/4 Sec 13 T 125 R 2W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 489-1525</u>	<u>3</u> Miles <u>North</u> of <u>Bruce</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"/> <u>Turbine</u> <input checked="" type="checkbox"/>	<u>Electric Motor</u> <input checked="" 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): _____
Other (specify): _____	Horse Power Rating of Motor: <u>50</u>
Date Pump Installed: <u>4-30-10</u>	Setting Depth: <u>310</u> feet
Rated Pump Capacity: <u>310</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-1-10</u>	<u>Air Line</u> <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>248</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>259</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B)-(A)]: <u>11</u> Feet Below Land Surface	Well yielded <u>317</u> GPM with a drawdown of
Test Pumping Rate: <u>317</u> Gallons Per Minute	<u>11</u> feet after <u>6</u> hours of pumping
Duration of Pump Test (minimum 1 hour): <u>30</u> hours	

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

Clayton Miller 0-703  
 Print Name of Pump Installer and License No. (if applicable)

Clayton Miller  
 Signature of Pump Installer