	State Wall Deport				
State Well Report		For Office Use Only:			
County: Chactaw	Part 1 – Driller's Log	A series			
Permit #: MS- CW-16619	Mississippi Department of Environmental Qualit Office of Land and Water Resources				
Driller: Donald Smith Co.	P.O. Box 10631	Well #:			
	Jackson, MS 39289-0631	L. S. Elevation:			
Date drilling completed: 10/19/09	(601)961-5210				
	(601)354-6938 (fax)	E-log #:			
State Law requires that this report Department at the above address	be prepared by the license holder responsible fo within 30 days of completion of drilling of the w	or the work and filed with the vell or borehole.			
Information on Well O		Borehole Location			
(Landowner if borehole is not for	a water well)	and so to our			
Owner Name Union Wate	r Assoc Latitude: 33, °25 1	28 " Longitude: 89 • 19 • 941 \(\tilde{\text{L}} \)			
Mailing Address: 250 Talley	36.4 1.67.47 () 1	e one): Conventional Survey,			
7.00	USGS quad Hand-h	eld GPS, Survey-grade GPS			
	SE NSE N Sec)	4 Twn 18N Rng 9E			
Eupora MS City State	39744	Distance Direction Nearest Town,			
City State		of Emaile of			
Telephone No. ()_					
	Well / Borehole Data				
Date drilling started: 7 01 09 Date drill	ling completed: 10 19 09 Hole depth: 563	Hole diameter:			
Location of the source of any surface water Method of dosing and volume of Chlorine	used for drilling: public Supp used in drilling and development: pate ble wa	ly ter used			
Logs run (circle all applicable). No log run	Electric Gamma Ray Density Sonic Neutron	Othor			
Purpose of borehole (check one): Water We	Il ✓ Geotechnical/Geological Investigation Grou	und Source Heat Pump			
	rveyOther (describe)				
If drilling is not related to	o water well construction, skip the remainder of this	block			
Purpose of Well (check one): HomeInc	lustrial Public Supply/Irrigation Fish Cultu	treOther:			
If a flowing well, method of flow regulation	: Valve Other (describe)				
Static Water Level: 234.55 feet abo	ve or below (circle one) land surface Date measure	at: 8/24/09			
Method of Measurement (circle one) stee	el tape electric tape air line other:				
Well depth: 550 Well grouted to a dept	th of 49 Spect Type of grout (circle one) Neat C	Cement Bentonite Mix			
	diameter: 12 inches Type of casing				
Screen length: 50 feet Screen	n diameter: inches Type of screen:	30455			
Screen slot size: 1030 inches	Setting depth: From 500 feet to	550 feet			
Type of completion (circle all applicable): (Gravel packed Underreamed Telescoped Op	en hole Natural Development			
	Other (describe):				
Top of lap pipe or reduction in casing: 4	35 feet. If telescoped or more than one so	creen, describe on next page			

Form: OLMEGE VED

From (depth) To (depth)

\30 200

Ground Level

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

Description of Formations Encountered

			Luarsel			490	590
			Stiks 0	t Soud Blue	Clay	540	563
				·	_		
	<u> </u>		<u> </u>				
	<u> </u>		· <u> </u>				
	1			·			
	1					·	
)		·				
If more than or	ne screen, show location of e	ach on sketch					•
Sketch the property	layout and include the follo	wing: 1) the w	ell location; 2) a	ny permanent struct	ures on the prope	rty that may	
aid in	locating the well; 3) any roa	ids, power line:	s, or other items	that may aid in loca	ting the property	and the well;	;
4) a n	orth arrow.						
				•			
•							
			·				
							1
•							l
							1
							1
							1
							İ
							1
							ļ
							ı
			* * *				
		•					1
Landowner Name: _							
		· · · · · · · · · · · · · · · · · · ·					
					F	orm: OLWR	-SWR-1A
certify that the wel	l/borchole was drilled, con	structed, and	completed in ac	cordance with all	applicable requi	irements of t	he
lississippi Departn	ent of Environmental Qua	lity and the N	lississinni Dena	rtment of Health r	egulations, if an	nlicable, en	i state
		J = 0 3 11.		va Libertii i	-paracronni rr af	•	
WS.	r c	-		4	1 - 1	. ,	RECEI
\wedge	1 Sai+ 1-1	161 //	-16-09	Dinala	(& Somi	th m'	The same of the same of
Ponald							_
Poruald						• •	MOW 2 2
	onsible Licensee and Licens		Date	Signatur	e of Licensee		NOV 23
				Signatur	e of Licensee		NOV 2 3 BY: OL

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level.

STATE WELL REPORT County: Chacter Part 2 For Office Use Only: Pump Installer's Completion Report Permit #: Mississippi Department of Environmental Quality Office of Land and Water Resources Driller: Donald Smith Co P.O. Box 10631 Jackson, MS 39289-0631 Date completed: 5 2010 Well #: (601)961-5210 Elevation: (601)354-6938 (fax) 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 I of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion. Well Location Well Owner Information 56 07 N \ 28 Longitude: 89 Owner Name: Union Water Assoc Mailing Address: 250 Talley Method of Lat/Long (check one): Conventional Survey USGS quad ____, (Hand-held GPS) , Survey-grade GPS Distance Direction Nearest Town Telephone No. (____) Pump Type Power Type Circle one 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: 30 Date Pump Installed: 03 01 300 Setting Depth: Rated Pump Capacity: Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: Air Line Electric Measuring Line Steel Tape Static Water Level (A): 231 Feet Below Land Surface Other (specify): Pumping Water Level (B): 245 Feet Below Land Surface Drawdown [(B) - (A)]: 14 Feet Below Land Surface For flowing well, measured shut in head: _____feet Test Pumping Rate: 250 Gallons Per Minute 226 GPM with a drawdown of Well yielded Duration of Pump Test (minimum 4 hours): 14 feet after 4 hours of pumping

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

Donald E Son + L 0-767

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

Signature of Pump Installer

Form: OLWRAPAR-18