

County: CLAIBORNE

Permit #: 16261 MS-GW-16260

Driller: LAYNE CHRISTENSEN

Date drilling completed: 11/11/2011

Well Driller Report and Well Log
 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:

Aquifer: _____

Well #: G 42

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 align="center">Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name <u>CS&I WATER COMPANY</u></p> <p>Mailing Address: <u>3148 KARNAC FERRY ROAD</u></p> <p><u>PORT GIBSON</u> MS <u>39150</u> City State Zip Code</p> <p>Telephone No. (<u>601</u>) <u>437.8721</u></p>	<p align="center">Well or Borehole Location</p> <p>Latitude: <u>32-01-38.9</u> Longitude: <u>90-56-59</u> N 32° 18.318 W <u>90° 15.326</u></p> <p>Method of Lat/Long (circle one): <u>Hand-Held GPS</u> Conventional Survey <u>19</u></p> <p>USGS quad, <u>IR 1/4</u> <u>IR 1/4</u> Sec <u>7</u> Twn <u>12 NORTH</u> Rng <u>2 EAST</u></p> <p>Distance Direction Nearest Town <u>10</u> Miles <u>NE</u> of <u>PORT GIBSON</u></p>
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Well / Borehole Data

Date drilling started: 10/1/2011 Date well drilling completed: 11/11/2011 Hole Depth: 375' Hole diameter: 32"

Location of the source of any surface water used for drilling: N/A

Method of dosing and volume of Chlorine used in drilling and development: N/A

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): LAYNE CHRISTENSEN COMPANY, JACKSON, MS

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

Static Water Level: 197 feet above or below (circle one) land surface Date measured: 8/22/2012

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

Well depth: 375' Well grouted to a depth of: 340' Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 340 feet Casing diameter: 16 inches Type of casing: STEEL

Screen length: 30 feet Screen diameter: 10 inches Type of screen: STAINLESS

Screen slot size: 0.020 inches Setting depth: From 345 feet to 375 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: 286 feet. *If telescoped or more than one screen, describe on next page.*

Form of WPA-1A
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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:

Aquifer: _____
 Well #: 6A2
 Elevation: _____

County: CLAIBORNE
 Permit #: MS-GW-16260
 Driller: LAYNE-CENTRAL
 Date Completed: 4/3/2012

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>CS&I WATER COMPANY</u>	Latitude: <u>N 32° 18.318'</u> Longitude: <u>W 90° 15.326'</u>
Mailing Address: <u>3148 KARNAC FERRY ROAD</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>PORT GIBSON MS 39150</u>	USGS quad _____ Hand-Held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>1R</u> $\frac{1}{4}$ $\frac{1}{4}$ Sec <u>7</u> T <u>12 N</u> R <u>2E</u> <u>3E</u>
Telephone No. (<u>601</u>) <u>437.8721</u>	Distance Direction Nearest Town
	<u>10</u> Miles <u>NE</u> of <u>PORT GIBSON</u>

Pump Type	Power Type
Circle One	Circle One
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> Turbine <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>50</u>
Date Pump Installed: <u>4/3/2012</u>	Setting Depth: <u>321</u> feet
Rated Pump Capacity <u>300</u> Gallons Per Minute	Number of Stages: <u>16</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>8/27/2012</u>	Circle One
Static Water Level (A): <u>208</u> Feet Below Land Surface	<input checked="" type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Pumping Water Level (B): <u>222</u> Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: <u>14</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>300</u> Gallons Per Minute	Well yielded <u>332</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	<u>40</u> feet after <u>24</u> hours of pumping

This is for (circle one) New Well Replacement of Existing Pump Repair of Existing Pump

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)

Dave Cook
 Signature of Pump Installer

RECEIVED
 OCT 25 2011

BY: OLWR