

0130018-04

County: Clay
 Permit #: GW-16859
 Driller: Donald Smith Co., Inc
 Date drilling completed: 8/30/11

State Well Report
Part I - Driller's 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 #: K54
 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>Golden Triangle Water Assoc</u>	Latitude: <u>33° 31' 43N</u> Longitude: <u>88° 38' 06W</u>
Mailing Address: <u>PO Box 929</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
<u>West Point Ms 39773</u>	<u>NW 1/4 SW 1/4 Sec 9 Twn 19N Rng 16E</u>
City State Zip Code	Distance Direction Nearest Town <u>3</u> Miles <u>S</u> of <u>West Point</u>
Telephone No. () _____	

Well / Borehole Data

Date drilling started: 6/16/11 Date drilling completed: 8/30/11 Hole depth: 536' Hole diameter: 17 1/2"

Location of the source of any surface water used for drilling: Public Water Supply
 Method of dosing and volume of Chlorine used in drilling and development: potable water used

Logs run (circle all applicable): No log run (Electric) Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): MS Office of Geology

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) _____

Static Water Level: 97' feet above or below (circle one) land surface Date measured: 8/22/11

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

Well depth: 520 Well grouted to a depth of 385 feet Type of grout (circle one) (Neat Cement) Bentonite Mix

Casing length: 385 feet Casing diameter: 12 inches Type of casing: Steel coated ID

Screen length: 80 feet Screen diameter: 8 inches Type of screen: SS

Screen slot size: .020 inches Setting depth: From 390 feet to 430 feet
480 520 50' Blank

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

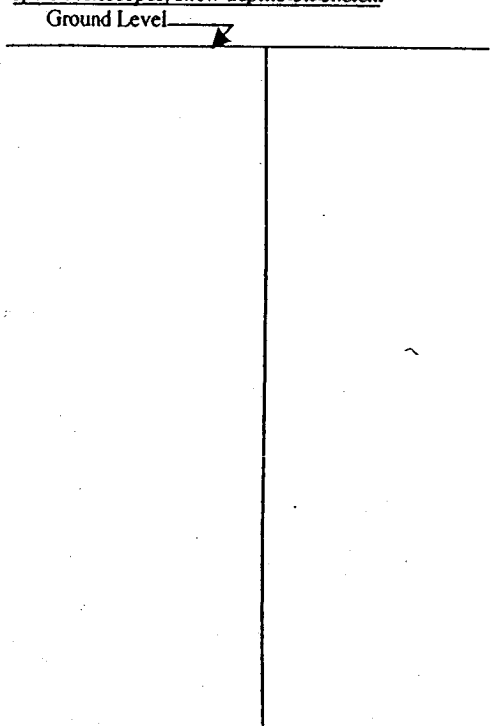
Other (describe): _____

Top of lap pipe or reduction in casing: 328 feet. *If telescoped or more than one screen, describe on next page*

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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)	
	Ground Level	
Brown Clay	0	24
Gray Clay	24	125
Very Tough Clay	125	165
Sand	165	180
Tough Clay	180	197
Gray Sand w/ Clay Brecks	197	231
Rock	231	231.5
Sand w/ Trace of Shell	231.5	291
Hard Rock	291	292
Sand w/ Shell	292	362
Clay	362	381
Sand w/ Shell	381	468
Sandy Clay	468	478
Sand w/ Shell	478	526
Clay + Shell	526	536

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) a north arrow.

Landowner Name: _____

Form: OLWR-SWR-1A

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.

Ronald E Smith 0-767

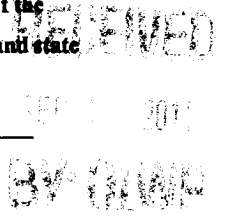
9/09/11

Ronald E Smith

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee



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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 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County: Clay
Permit #: MS-GW-16859
Driller: Donald Smith Co., Inc
Date completed: 06/13/2012
Copy information from block on Part I

For Office Use Only:
Aquifer:
Well #: K54
Elevation:

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 Owner Information: Owner Name: Golden Triangle Water Assoc, Mailing Address: PO Box 929, West Point MS 39773
Well Location: Latitude: 33° 31' 43N", Longitude: 88° 38' 06W, Method of Lat/Long: Hand-held GPS, USGS quad: NW 1/4 SW 1/4 Sec 9 T 19N R 16E, Distance: 3 Miles S of West Point

Pump Type: Turbine
Power Type: Electric Motor
Horse Power Rating of Motor: 50
Setting Depth: 252 feet
Number of Stages: 8

Pump Test Data: Date Well Tested: 2/21/2012, Static Water Level (A): 95 Feet Below Land Surface, Pumping Water Level (B): 178.9" Feet Below Land Surface, Drawdown [(B) - (A)]: 83.9" Feet Below Land Surface, Test Pumping Rate: 369 Gallons Per Minute, Duration of Pump Test: 4 hours
Method of Measuring Water Level: Air Line
For flowing well, measured shut in head:
Well yielded 369 GPM with a drawdown of 83.9" feet after 4 hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Donald Smith 0-767
Signature of Pump Installer