

County: COPIAH

Permit #: MS-GW-16219

Driller: LAYNE-CENTRAL

Date Drilling Completed: NOV 2007

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 #: J-90

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.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name <u>COPIAH NEW-ZION WATER ASSOC.</u>	Latitude: <u>N 31° ¹⁰56.173'</u> Longitude: <u>W 90° ⁵³25.886'</u>
Mailing Address: <u>PO BOX 309</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey
<u>CRYSTAL SPRINGS MS 39059</u>	USGS quad, <input checked="" type="checkbox"/> Hand-Held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip Code	<u>SW</u> ¼ ¼ Sec <u>8</u> Twn <u>1N</u> Rng <u>2W</u>
Telephone No. (<u>601</u>) <u>892-1205</u>	Distance Direction Nearest Town
	<u>2.4</u> Miles <u>WEST</u> of <u>GALLMAN</u>

Well Data

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

Date well drilling started: JUN 2007 Date well drilling completed: NOV 2007

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

Static Water Level: 261 feet above or below (circle one) land surface Date Measured: 11/7/07

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

Hole depth: 715' Well depth: 555' Well grouted to a depth of: 510 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 510 feet Casing diameter: 12 inches Type of casing: STEEL

Screen length: 40 feet Screen diameter: 8 inches Type of screen: STAINLESS WIRE WRAPPED

Screen slot size: 0.020 inches Setting depth: From 515 feet to 555 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: 451 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: --

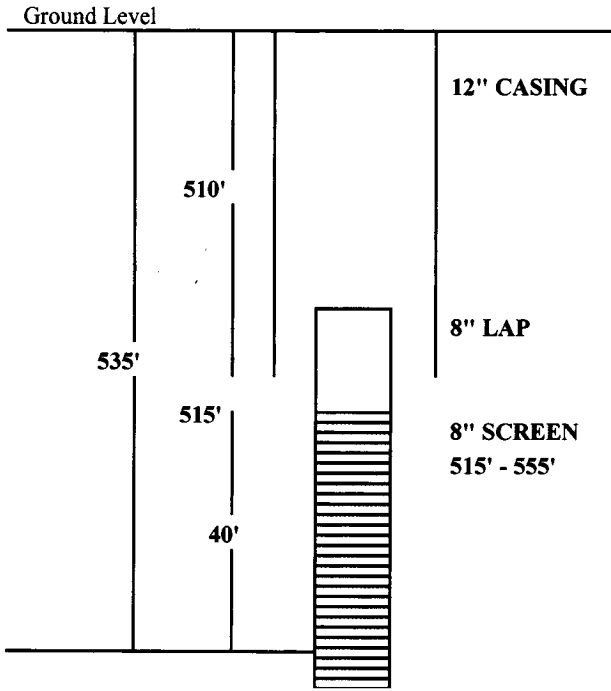
Name of organization running log(s): LAYNE CENTRAL, JACKSON, MS

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

DAVE COOK 692
 Print Name of Water Well Contractor and License No. Dave Cook
Signature of Water Well Contractor

RECEIVED
 APR 04 2008
 BY: OLWR

J-



Description of Formations Encountered	From	To
TOP SOIL	0	10
SAND & PEA GRAVEL	10	130
SAND & CLAY STREAKS	130	235
CLAY	235	330
SAND	330	380
CLAY & SAND STREAKS	380	490
SAND (SOME LIGNITE)	490	565
CLAY & SAND STREAKS	565	711

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.

NORTH

BYRDTOWN RD

RAYMOND RD

E.T.

WELL

DEATON RD

I-55

NOT TO SCALE

Landowner's Name: COPIAH NEW ZION WATER ASSOCIATION

Signature of Water Well Contractor

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:

County: COPIAH COUNTY
Permit #: MS-GW-16219
Driller: LAYNE-CENTRAL
Date Completed: 7/8/08

Aquifer: _____
Well #: J-90
Elevation: _____

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>COPIAH NEW-ZION WATER ASSOC.</u>	Latitude: <u>N 31° 56.173'</u> Longitude: <u>W 90° 25.886</u>
Mailing Address: <u>PO BOX 309</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>CRYSTAL SPRINGS MS 39059</u>	USGS quad _____ Hand-Held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>SW</u> ¼ _____ ¼ _____ Sec <u>8</u> T <u>1N</u> R <u>2W</u>
Telephone No. (<u>601</u>) <u>892-1205</u>	Distance Direction Nearest Town
	<u>2.4</u> Miles <u>WEST</u> of <u>GALLMAN</u>

Pump Type Circle One	Power Type Circle One
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <input checked="" type="checkbox"/> Submersible	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<input checked="" type="checkbox"/> Electric Motor <input 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>2/11/08</u>	Setting Depth: <u>442</u> feet
Rated Pump Capacity <u>(AT 65 PSI) 237</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: <u>4/3/08</u>	Air Line <input type="checkbox"/> <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>262</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>341.7</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>79.7</u> Feet Below Land Surface	Well yielded <u>217</u> GPM with a drawdown of
Test Pumping Rate: <u>217</u> Gallons Per Minute	<u>79.7</u> feet after <u>27</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>27</u> hours	

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)



Signature of Pump Installer

RECEIVED

JUL 21 2008

BY: OLWR