

County: DeSoto
 Permit #: MS GW-16546
 Driller: Donald Smith Co.
 Date drilling completed: 2/24/2011

State Well Report Part 1 - 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)

0170006-04

For Office Use Only:
 Aquifer: _____
 Well #: J152
 L. S. Elevation: 314
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>North MS Utility Co.</u>	Latitude: <u>N34° 49' 48.3"</u> Longitude: <u>W092° 09' 11.5"</u>
Mailing Address: <u>PO Box 362</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
<u>Hernando</u> <u>MS</u> <u>38632</u> City State Zip Code	<u>NE 1/4 NE 1/4 Sec 16 Twn 35 Rng 9W</u>
Telephone No. () _____	Distance Direction Nearest Town Miles of <u>Eudora</u> <u>Inside Town Limits</u>

Well / Borehole Data

Date drilling started: 10/18/10 Date drilling completed: 2/24/11 Hole depth: 1535 Hole diameter: 17.5"

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): Griner Drilling Service

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: 196' feet above or below (circle one) land surface Date measured: 2/22/11

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

Well depth: 1495 Well grouted to a depth of 1410 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 1410 feet Casing diameter: 12" inches Type of casing: Carbon Steel

Screen length: 80 feet Screen diameter: 8" inches Type of screen: Stainless Steel

Screen slot size: .030 inches Setting depth: From 1415 feet to 1495 feet

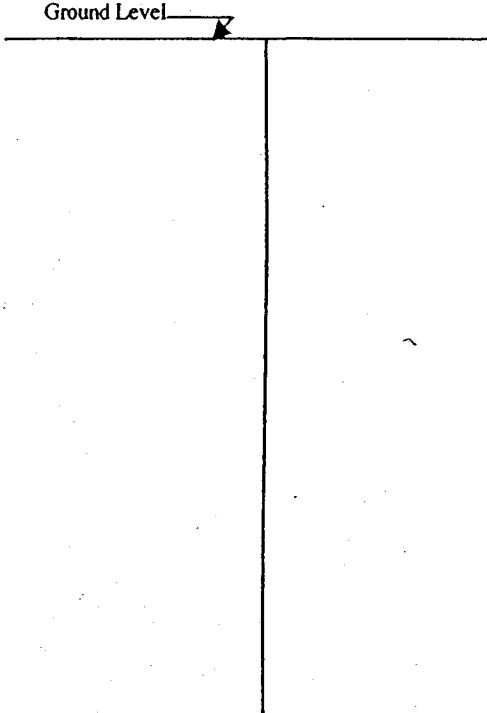
Type of completion (circle all applicable): (Gravel packed) (Underreamed) Telescoped Open hole Natural Development
 Other (describe): _____

Top of lap pipe or reduction in casing: _____ 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	
Sandy Clay	0	63
Yellow Sand & Gravel	63	108
Soft Silky Clay	108	111
Tough Gray Clay	111	134
Sandy Clay - Course Sand	134	136
Tough Clay	136	172
Sandy Clay	172	190
Clay	190	235
Sandy Clay	235	240
Gray Clay	240	275
Clay	275	295
Gray Clay	295	327
Clay Breck	327	331
Gray Sand	331	372
Clay	372	388
Sand	388	436
Clay w/ Streaks of Sand	436	438
Sand w/ Lignite	438	498
Sandy Clay	498	503
Clay	503	522
Sand	522	691
Sandy Clay	691	740
Sand	740	914

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

See attached

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.

Donald Smith 0-767 3/10/11

Donald Smith

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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BY OLWR

Clay	914' - 920'
Sand + Lignite	920' - 1073'
Clay w/ Streaks of Sand	1073' - 1122'
Course Sand + Lignite	1122' - 1148'
Tough Clay	1148' - 1164'
Rock	1164' - 1165'
Sand w/ Streaks of Clay + Lignite	1165' - 1188'
Rock	1188' - 1189'
Tough Clay + Shale	1189' - 1358'
Sandy Clay + Shale	1358' - 1400'
Sand + Lignite	1400' - 1511'
Fine Sand	1511' - 1535'

J152

DeSoto Co.

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: Desoto
Permit #: MS-GW-16546
Driller: Donald Smith Co.
Date completed: 06/09/2011
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
Well #: J152
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>North MS Utility Co.</u>	Latitude: <u>N34°49'48.3"</u> Longitude: <u>W090°09'11.5"</u>
Mailing Address: <u>PO Box 362</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, <u>Hand-held GPS</u> , Survey-grade GPS _____
<u>Hernando, MS 38632</u> City State Zip Code	<u>NE 1/4 NE 1/4 Sec 21 T35 R7W</u>
Telephone No. () _____	Distance _____ Direction <u>16</u> Nearest Town _____ Miles _____ of <u>Eudora</u> <u>Inside City Limits</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>75</u>
Date Pump Installed: <u>05/27/2011</u>	Setting Depth: <u>272</u> feet
Rated Pump Capacity: <u>500</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5/27/2011</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>187</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>212</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>15</u> Feet Below Land Surface	Well yielded <u>536</u> GPM with a drawdown of
Test Pumping Rate: <u>536</u> Gallons Per Minute	<u>15</u> feet after <u>8</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>8</u> hours	

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

Donald Smith 0-767 Donald Smith
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer