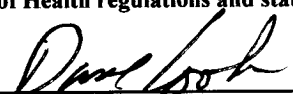


County: FRANKLIN  
 Permit #: MS-GW-15990  
 Driller: LAYNE-CENTRAL  
 Date Drilling Completed: 8/19/05

**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 #: B-18  
 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>FRANKLIN COUNTY WATER ASSOC.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>PO BOX 716</u>	Method of Lat/Long (circle one):      Conventional Survey
<u>MEADVILLE</u> <u>MS</u> <u>39653</u>	USGS quad,      Hand-Held GPS,      Survey-grade GPS
City                      State      Zip Code	<u>IR</u> ¼ <u>IR</u> ¼      Sec <u>20</u> Twn <u>7N</u> Rng <u>2E</u>
Telephone No. ( <u>601</u> ) <u>384-2046</u>	Distance                      Direction                      Nearest Town
	<u>6 - 10</u> Miles <u>NORTH</u> of <u>ROXIE</u>
Well Data	
Purpose of Well (circle one):    Home    Industrial <input checked="" type="radio"/> Public Supply    Irrigation    Fish Culture    Other: <u>  --  </u>	
Date well drilling started: <u>5/26/05</u> Date well drilling completed: <u>8/19/05</u>	
If flowing, method of flow regulation:    Valve <u>  --  </u> Other (describe) <u>  --  </u>	
Static Water Level: <u>267.5</u> feet above or <input checked="" type="radio"/> below (circle one) land surface      Date Measured: <u>8/19/05</u>	
Method of Measurement (circle one)      steel tape      electric tape <input checked="" type="radio"/> air line      Other: <u>  --  </u>	
Hole depth: <u>470'</u> Well depth: <u>465'</u> Well grouted to a depth of: <u>420</u> feet	
Type of grout (circle one): <input checked="" type="radio"/> Cement                      Bentonite                      Mix	
Casing length: <u>420</u> feet      Casing diameter: <u>12</u> inches      Type of casing: <u>STEEL</u>	
Screen length: <u>40</u> feet      Screen diameter: <u>8</u> inches      Type of screen: <u>STAINLESS STEEL</u>	
Screen slot size: <u>0.020</u> inches                      Setting depth: From <u>420</u> feet to <u>460</u> feet	
Type of completion (circle all applicable): <input checked="" type="radio"/> Gravel Packed    Underreamed    Telescoped    Open Hole    Natural Development	
Other (describe): <u>  --  </u>	
Top of lap pipe or reduction in casing: <u>371</u> feet. <i>If telescoped or more than one screen, describe on back of page.</i>	
Logs run (circle all applicable):    No log run <input checked="" type="radio"/> Electric    Gamma Ray    Density    Sonic    Neutron    Other: <u>  --  </u>	
Name of organization running log(s): <u>LAYNE-CENTRAL, JACKSON, MS</u>	
<b>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.</b>	
<u>DAVE COOK</u> <u>692</u>	
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

**RECEIVED**  
 SEP 11 2006  
 BY: OLWR

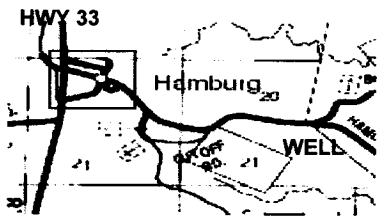
B-

Ground Level

Description of Formations Encountered	From	To
TOP SOIL	0	10
RED SANDY CLAY	10	15
SAND & PEA GRAVEL	15	85
WHITE CLAY SANDY	85	100
CLAY	100	375
SAND	375	400
CLAY	400	415
SAND	415	500
CLAY	500	525
SAND	525	575
CLAY	575	760
ROCK	760	765
CLAY & SAND STREAKS	765	835
CLAY	835	975
ROCK	975	980
CLAY SAND STREAKS	980	1040
SAND	1040	1060
CLAY SAND STREAKS	1060	1090
CLAY	1090	1175
SANDY CLAY	1175	1235
SAND	1235	1250
ROCK	1250	1255
CLAY & SAND STREAKS	1255	1455
SAND	1455	1485
CLAY	1485	1490
SAND	1490	1515
CLAY	1515	1520
SANDY CLAY	1520	1640
CLAY	1640	1660

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.



NOT TO SCALE

Landowner's Name: FRANKLIN COUNTY WATER ASSOCIATION, INC.

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

For Office Use Only:

County: FRANKLIN  
 Permit #: MS-GW-15990  
 Driller: LAYNE-CENTRAL  
 Date Completed: 8/19/05

Aquifer: \_\_\_\_\_  
 Well #: B-18  
 Elevation: \_\_\_\_\_

**This part of the report must be completed by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.**

Well Owner Information	Well Location
Owner Name: <u>FRANKLIN COUNTY WATER ASSOC.</u>	Latitude: _____ ° _____ ' _____ " Longitude: _____ ° _____ ' _____ "
Mailing Address: <u>PO BOX 716</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey _____
<u>MEADVILLE</u> <u>MS</u> <u>39653</u>	USGS quad _____ Hand-Held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>IR</u> $\frac{1}{4}$ <u>IR</u> $\frac{1}{4}$ Sec <u>20</u> T <u>7N</u> R <u>2E</u>
Telephone No. ( <u>601</u> ) <u>384-2046</u>	Distance Direction Nearest Town
	<u>6 - 10</u> Miles <u>NORTH</u> of <u>ROXIE</u>

Pump Type Circle One	Power Type Circle One
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine	<input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
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>3/10/06</u>	Setting Depth: <u>340</u> feet
Rated Pump Capacity <u>350</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: <u>4/24/06</u>	<input checked="" type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>268</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>300</u> Feet Below Land Surface	
Drawdown [(B) - (A)]: <u>326</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>351</u> Gallons Per Minute	Well yielded <u>351</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	<u>26</u> feet after <u>24</u> hours of pumping

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**  
 SEP 11 2006  
 BY: OLWR