

County: Hinds
 Permit #: MS 611-16542
 Driller: Michael Wells
 Date drilling completed: 7-25-08
10/14/08

State Well Report
Part I - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2307
 Jackson, MS 39225
 (601)981-5210
 (601)961-6228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: V-130
 L.S. Elevation: _____
 B-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>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Town of Terry</u> Mailing Address: <u>% Southern Consultants</u> <u>5740 County Clark Rd.</u> <u>Jackson MS 39206</u> City State Zip Code Telephone No. <u>(601) 957-0999</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>32-07-08</u> - Longitude: <u>90-16-15</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS: _____ _____ Distance Direction Nearest Town <u>Miles NE corner of TERRY</u> <u>Wynndale Rd.</u></p>
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Well / Borehole Data

Date drilling started: 6-23-08 Date drilling completed: 7-25-08 Hole depth: 478' Hole diameter: 22"

Location of the source of any surface water used for drilling: Eastside W.A. line
 Method of dosing and volume of Chlorine used in drilling and development: _____

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

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: 204 feet above or below (circle one) land surface Date measured: 7-25-08

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

Well depth: 475' Well grouted to a depth of 420 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 420 feet Casing diameter: 12 inches Type of casing: Steel

Screen length: 50 feet Screen diameter: 8 inches Type of screen: Stainless Steel

Screen slot size: .010 inches Setting depth: From 420 feet to 475 feet

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

Top of lap pipe or reduction in casing: 35' feet *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A (04/08)

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
 (601)961-5210
 (601)961-5228 (fax)

County: Hinds
 Permit #: _____
 Driller: John R. Rybolt, IV
 Date completed: 10-17-08
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: V-130
 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>Town of Terry</u> Mailing Address: <u>% Southern Consultants</u> <u>5740 County, Cork RD,</u> <u>Jackson MS 39206</u> City State Zip Code Telephone No. <u>(601) 957-0999</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec <u>10 T 3N R 1W</u> Distance Direction Nearest Town Miles <u>NE corner</u> <u>Terry</u> <u>Wynndale Rd.</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>10-17-08</u> Rated Pump Capacity: <u>300</u> Gallons Per Minute	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>50</u> Setting Depth: <u>350</u> feet Number of Stages: <u>17</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-25-09</u> Static Water Level (A): <u>202</u> Feet Below Land Surface Pumping Water Level (B): <u>289</u> Feet Below Land Surface Drawdown [(B)-(A)]: <u>86.2</u> Feet Below Land Surface Test Pumping Rate: <u>321</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape <input type="checkbox"/> Other (specify): _____ For flowing well, measured shut in head: <u>44</u> feet Well yielded <u>321</u> GPM with a drawdown of <u>86.2</u> feet after <u>4</u> hours of pumping

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

Clayton Miller 0-703
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer