

County: Jasper
 Permit #: MS-GW-16706
 Driller: Griner Drilling Service, Inc.
 Date drilling completed: 06/29/11
0310003-04

State Well Report
Part 1 - Driller's Log

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)

For Office Use Only:
 Aquifer: _____
 Well #: Q76
 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.

<p align="center">Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Beaver Dam Water Association</u> Mailing Address: <u>P.O. Box 286</u> <u>Vossburg MS 39366</u> City State Zip Code Telephone No. <u>(601) 787-4714</u></p>	<p align="center">Well or Borehole Location</p> <p>Latitude: <u>31 54' 51.62" N</u> Longitude: <u>88 55' 59.87" W</u> Method of Lat/Long (check one): Conventional Survey <input type="radio"/> USGS quad <input type="radio"/> Hand-held GPS <input checked="" type="radio"/> Survey-grade GPS <input type="radio"/> <u>SW</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ Sec <u>23</u> <input checked="" type="checkbox"/> Twn <u>1N</u> <input checked="" type="checkbox"/> Rng <u>13E</u> Distance Direction Nearest Town <u>1.10</u> Miles <u>N.W.</u> of <u>Vossburg, MS</u></p>
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Well / Borehole Data

Date drilling started: 11/02/10 Date drilling completed: 11/19/10 Hole depth: 3020' Hole diameter: 18"

Location of the source of any surface water used for drilling: _____
 Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (check all applicable): None Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): Griner Drilling Service, Inc.

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: 256.80 feet above or below land surface Date measured: 09/16/2011
 Method of Measurement (check one) steel tape electric tape air line other: _____

Well depth: 2990 Well grouted to a depth of 2920 feet Type of grout (check one): Neat Cement Bentonite Mix
 Casing length: 2920 feet Casing diameter: 12 3/4 inches Type of casing: Steel coated ID
 Screen length: 50 feet Screen diameter: 8 5/8 inches Type of screen: Steel Coated ID
 Screen slot size: .020 inches Setting depth: From 2930 feet to 2980 feet

Type of completion (check 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*

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

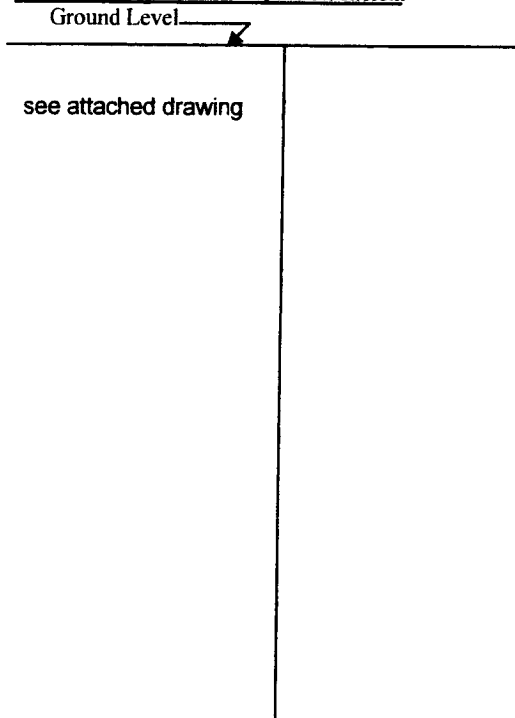
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NOV 16 2011

OLWR

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)
Sand & Clay	Ground Level	180
Clay	180	788
Sand	788	830
Clay	830	874
Sand	874	928
Clay	928	1446
Sand	1446	1472
Clay	1472	1526
Sand	1526	1530
Clay	1530	2770
Sand	2770	2868
Sand & Clay	2868	2936
Sand	2936	3020

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.

see attached map

Landowner Name: _____

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

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.

Charles H Griner Sr. 0-184 11/14/11

Charles H. Griner

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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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Jasper
 Permit #: MS-6W-16706
 Driller: Griner Drilling Service, Inc.
 Date completed: 06/29/11
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: Q76
 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>Beaver Dam Water Association</u>	Latitude: <u>31 54' 51.62"N</u> Longitude: <u>88 55' 59.87" W</u>
Mailing Address: <u>PO Box 286</u>	Method of Lat/Long (check one): Conventional Survey <input type="radio"/> , USGS quad <input type="radio"/> , Hand-held GPS <input checked="" type="radio"/> , Survey-grade GPS <input type="radio"/>
<u>Vossburg MS 39366</u>	<u>SW</u> ¼ <u>NE</u> ¼ Sec <u>23</u> T <u>1N</u> R <u>13E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (<u>601</u>) <u>787-4714</u>	<u>1.10</u> Miles <u>NW</u> of <u>Vossburg, MS</u>

Pump Type Check one	Power Type Check one
Air Lift <input type="radio"/> Jet <input type="radio"/> Submersible <input checked="" type="radio"/>	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/>
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine <input type="radio"/>	Electric Motor <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>100</u>
Date Pump Installed: <u>06/29/11</u>	Setting Depth: _____ feet
Rated Pump Capacity: <u>600</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Check one
Date Well Tested: <u>09/16/11</u>	Air Line <input type="radio"/> Electric Measuring Line <input checked="" type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>256.80</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>271.52</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>271.52</u> feet
Drawdown [(B) - (A)]: <u>14.72</u> Feet Below Land Surface	Well yielded <u>626</u> GPM with a drawdown of
Test Pumping Rate: <u>626</u> Gallons Per Minute	<u>14.72</u> feet after <u>24</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

This is for (check one): New Well Replacement of Existing Pump Repair of Existing Pump

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

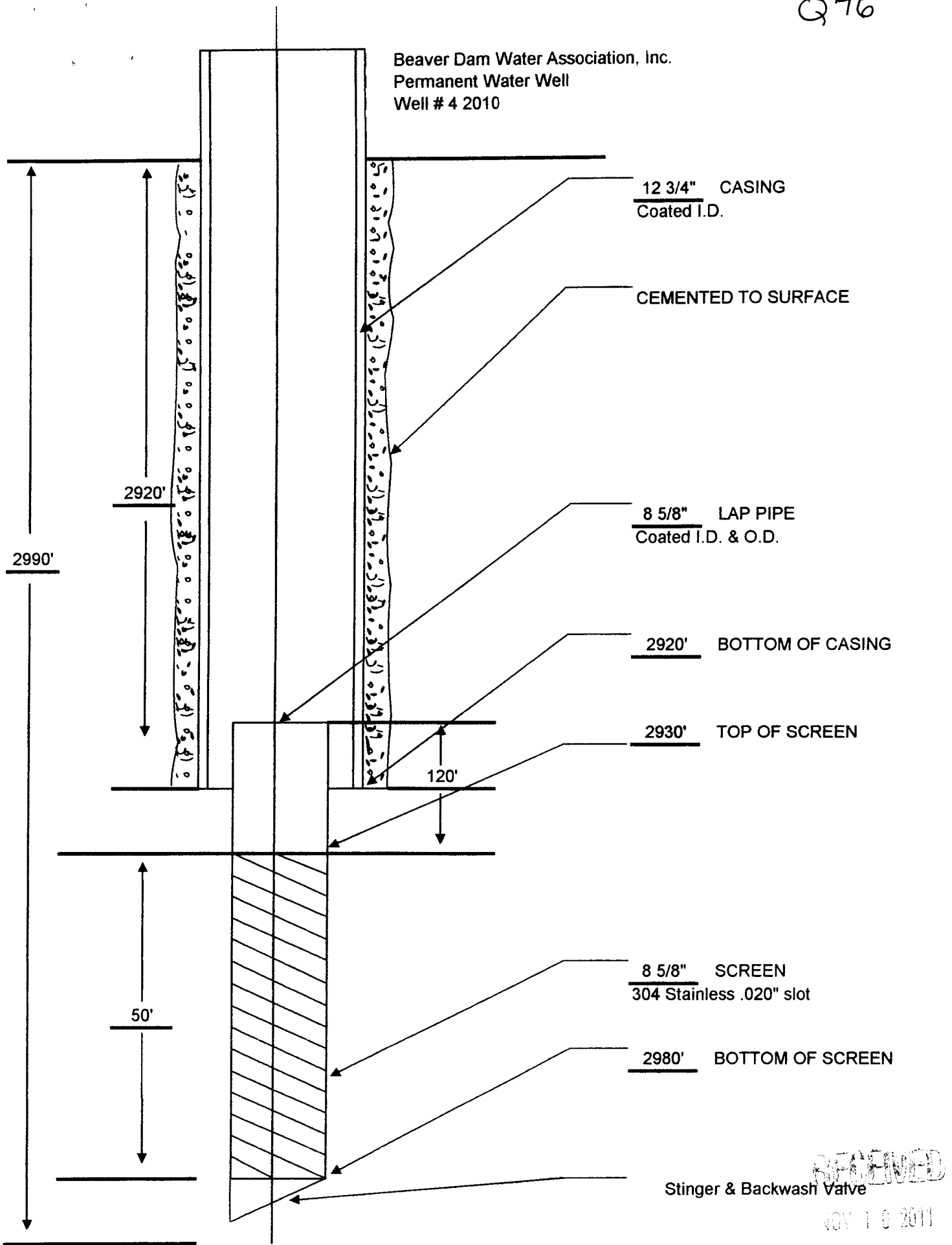
Charles H Griner Sr. 0-184
 Print Name of Pump Installer and License No. (if applicable)

Charles H. Griner
 Signature of Pump Installer

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 JUN 30 2011
 BY: OLWR

Q76

Beaver Dam Water Association, Inc.
Permanent Water Well
Well # 4 2010



12 3/4" CASING
Coated I.D.

CEMENTED TO SURFACE

8 5/8" LAP PIPE
Coated I.D. & O.D.

2920' BOTTOM OF CASING

2930' TOP OF SCREEN

8 5/8" SCREEN
304 Stainless .020" slot

2980' BOTTOM OF SCREEN

Stinger & Backwash Valve

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JUN 10 2011
12:00 PM