

OFFICE

State Well Report

Part 1

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 #: B117
 L. S. Elevation: _____
 E-log #: _____

DEQ 142

County: Jones
 Permit #: MSGW-16553
 Driller: A-1 Drilling Serv
 Date drilling completed: 3-7-11

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.

Well Owner Information	Well Location
Owner Name: <u>Soso Community Water System, Inc</u>	Latitude: <u>31-45-51</u> " Longitude: <u>89-14-45</u> "
Mailing Address: <u>P.O. Box 146</u>	Method of Lat/Long (circle one): Conventional Survey.
<u>Soso</u> <u>MS</u> <u>39480</u>	USGS quad: Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>SE 1/4 NE 1/4 SW 1/4 NW 1/4</u> Sec <u>7</u> Twn <u>9N</u> Rng <u>12W</u>
Telephone No: <u>(601) 729-8500</u>	Distance Direction Nearest Town
	<u>1.5</u> Miles <u>W</u> of <u>Laurel</u>

Well Data

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

Date well drilling started: 11-22-10 Date well drilling completed: 3-7-11

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

Static Water Level: 160.7 feet above or Below (circle one) land surface Date measured: 3-7-11

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

Hole depth: 400' Well depth: 390' Well grouted to a depth of 348 1/2 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 350 1/2 feet Casing diameter: 12 3/4 inches Type of casing: Epoxy ct bl steel

Screen length: 42 feet Screen diameter: 6" x 8" inches Type of screen: Bar Well st st

Screen slot size: .015 inches (inner) (outer) Setting depth: From 349 feet to 391 feet

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

Other (describe): _____

Top of tap pipe or reduction in casing: 283 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): Office of Geology

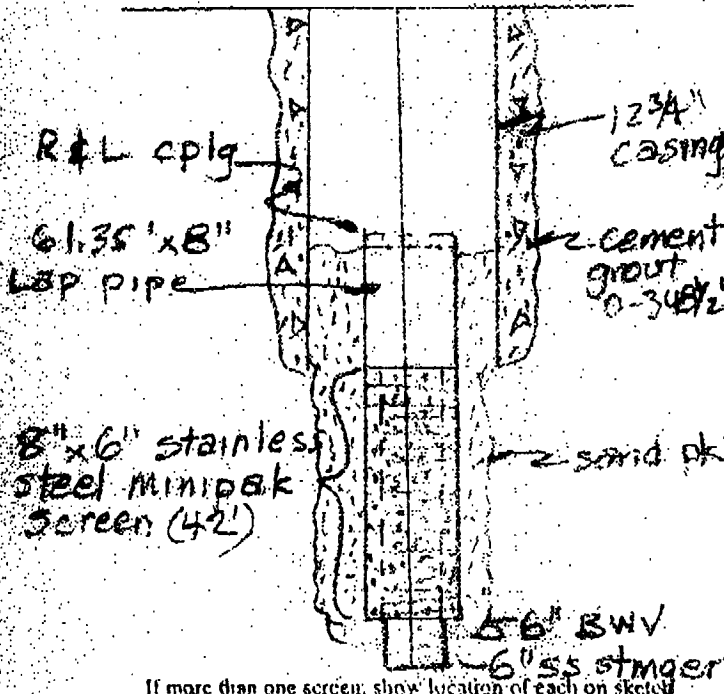
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Wilbur T. Baughman 0410
 Print Name of Water Well Contractor and License No.

Wilbur T. Baughman
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

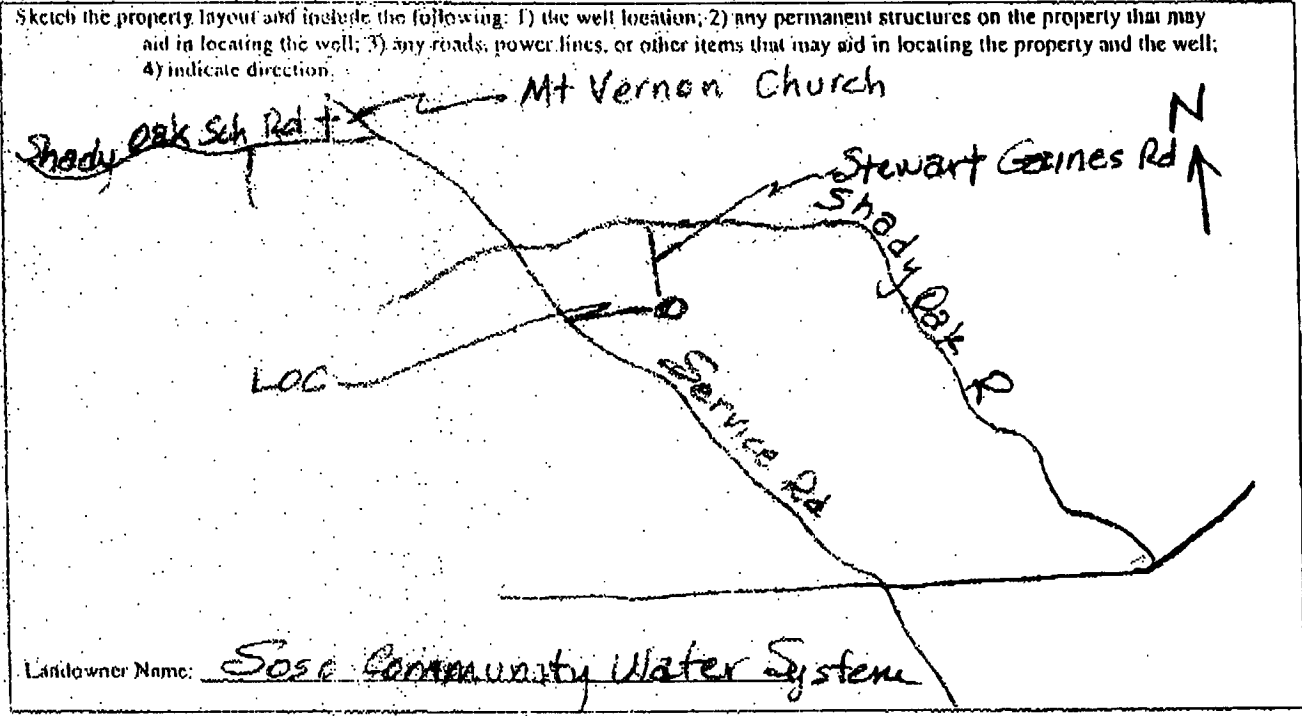
Ground Level



Description of Formations Encountered	From	To
Clay, red, sandy	0	13
Sand, tan	13	70
Clay, tan w/ sand	70	82
Clay, gray	82	122
Clay, sandy	122	125
Sand	125	142
Clay, white & pink	142	163
Hard streak w/ clay	163	172
Clay, gray, stiff	172	190
Sand	190	198
Clay w/ streaks of sand	198	210
Sand	210	230
Clay, sandy - streaks sand	230	245
Clay, gray	245	282
Sand & clay streaks	282	332
Sand, gray	332	393
Clay, sandy	393	400

DEQ 192

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



Landowner Name: Soso Community Water System

[Handwritten Signature]
 Signature of Water Well Contractor

OFFICE

STATE WELL REPORT

Part 2

County: JONES
 Permit #: MS-5W-16583
 Driller: A-1 Drilling Serv Inc.
 Date completed: 6-29-11

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:
 Aquifer: _____
 Well #: B117
 Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Soso Community Water</u>	Latitude: <u>31°45'51"</u> Longitude: <u>89°14'45"</u>
Mailing Address: <u>SYSTEM, Inc</u>	Method of Lat/Long (circle one): Conventional Survey.
<u>PO. Box 146</u>	USGS quad <u>(Hand-held GPS, Survey-grade GPS)</u>
<u>Soso MS 39400</u>	<u>SE NE</u> <u>SU 1/4 NW 1/4 Sec 7 Twn 9N Rng 12W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 729-8500</u>	<u>± 5</u> Miles <u>W</u> of <u>Laurel</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>6-6-11</u>	Setting Depth: <u>260</u> feet
Rated Pump Capacity: <u>475 @ 226'</u> Gallons Per Minute	Number of Stages: <u>4</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-29-11</u>	<input checked="" type="radio"/> Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>164 1/2</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>188 1/2</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>14</u> Feet Below Land Surface	Well yielded <u>488</u> GPM with a drawdown of
Test Pumping Rate: <u>488</u> Gallons Per Minute	<u>14</u> feet after <u>6</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>6</u> hours	

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

Wilbur T. Bauhman
 Print Name of Pump Installer and License No. (if applicable)

Wilbur T. Bauhman
 Signature of Pump Installer