

01/27/1996 23:57 6014281435

A-1 DRILLING SERVICE

PAGE 12

DEP I # 908

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)

County: JONES
 Permit #: _____
 Driller: A-1 DRILLING SERVICE
 Date drilling completed: 1-02-08

For Office Use Only:
 Aquifer: _____
 Well #: C-226
 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.

Well Owner Information	Well Location
Owner Name: <u>LAUREL CITY SCHOOLS</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>PO Box 208</u> <u>(Stadium)</u>	Method of Lat/Long (circle one): Conventional Survey, <u>USGS quad</u> , Hand-held GPS, Survey-grade GPS
<u>LAUREL MS 39441</u> City State Zip Code	<u>SWSE 1/4 Sec 31 Twn 9N Rng 11W</u>
Telephone No. <u>(601) 649-6391</u>	Distance Direction Nearest Town _____ Miles <u>IN</u> of <u>LAUREL</u>

Well Data

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

Date well drilling started: 12-18-07 Date well drilling completed: 1-02-08

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

Static Water Level: 120 feet above or below (circle one) land surface Date measured: 1-08-08

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

Hole depth: 227 Well depth: 226 Well grouted to a depth of 12 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 205 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 1006 inches Setting depth: From 203 feet to 223 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: NA 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): _____

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

01/27/1996 23:57 5814281435

A-1 DRILLING SERVICE

PAGE 13

DEQ I & II
9108

C-226

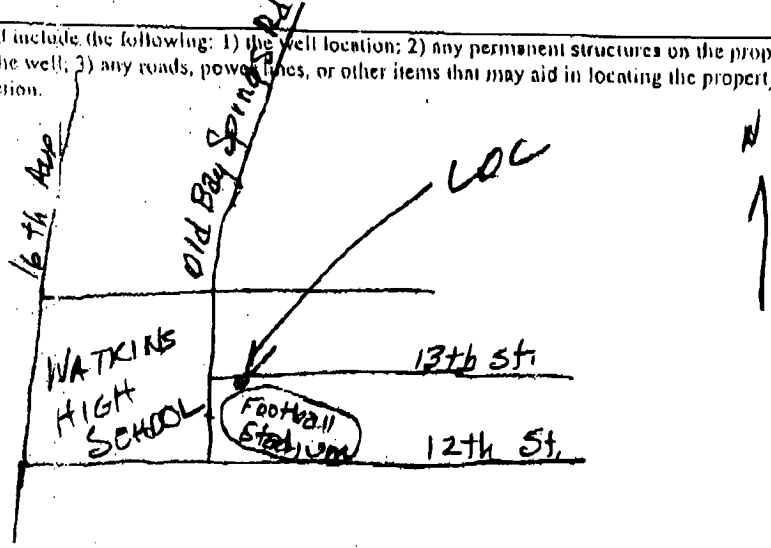
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay, orange & tan	0	30
Sand & clay	30	59
Clay, tan	59	92
Rock	92	
Clay, gray	92	151
Sand & clay breaks	151	156
Clay	156	160
Sand, coarse	160	225

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.



Landowner Name: LAUREL CITY SCHOOLS

[Handwritten Signature]
Signature of Water Well Contractor

01/27/1996 23:57 6014281435

A-1 DRILLING SERVICE

PAGE 14

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:

Aquifer: _____
 Well #: C-226
 Elevation: _____

County: JONES
 Permit #: _____
 Driller: A-1 DRILLING SER
 Date completed: 1-08-08

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>LAUREL CITY SCHOOLS</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 288</u> <u>(Stadium)</u> <u>LAUREL MS 39441</u>	Method of Lat/Long (circle one): Conventional Survey, <u>USGS quad</u> Hand-held GPS, Survey-grade GPS
City State Zip Code <u>LAUREL MS 39441</u>	<u>SW 1/4 Sec 31 Twn 9N Rng 11W</u>
Telephone No. <u>(601) 647-6391</u>	Distance Direction Nearest Town _____ Miles <u>IN</u> of <u>LAUREL</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3</u>
Date Pump Installed: <u>1-08-08</u>	Setting Depth: <u>180</u> feet
Rated Pump Capacity: <u>333</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>120</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Wilbur T. Bourbman 0410 Wilbur T. Bourbman
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 I-11
 9108