

County: Jones
 Permit #: _____
 Driller: A-1 Drilling Serv.
 Date drilling completed: 9-24-08

State Well Report

Part I

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 #: D-178
 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>M+M Water Assn.</u>	Latitude: <u>31-43.305'</u> Longitude: <u>88-57.088'</u>
Mailing Address: <u>PO Box 2611</u>	Method of Lat/Long (circle one): <u>12</u> Conventional Survey, <u>25</u>
<u>Laurel</u> <u>Ms.</u> <u>39443</u>	USGS quad: <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	Near <u>Center</u> <u>1/4</u> Sec <u>25</u> Twn <u>9N</u> Rng <u>10W</u>
Telephone No. <u>(601) 425-1001</u>	SW NE Direction Nearest Town <u>2.5</u> Miles <u>E</u> of <u>Laurel</u>

Well Data

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

Date well drilling started: 9-22-08 Date well drilling completed: 9-24-08

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

Static Water Level: 105.7 feet above or below (circle one) land surface Date measured: 9-25-08

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

Hole depth: 321 Well depth: 301 Well grouted to a depth of 12' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 261 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40' feet Screen diameter: 4 inches Type of screen: Slotted PVC

Screen slot size: .006 inches Setting depth: From 261 feet to 301 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: _____ 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): Ms DEQ.

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.

Mike Baughman 0587 _____
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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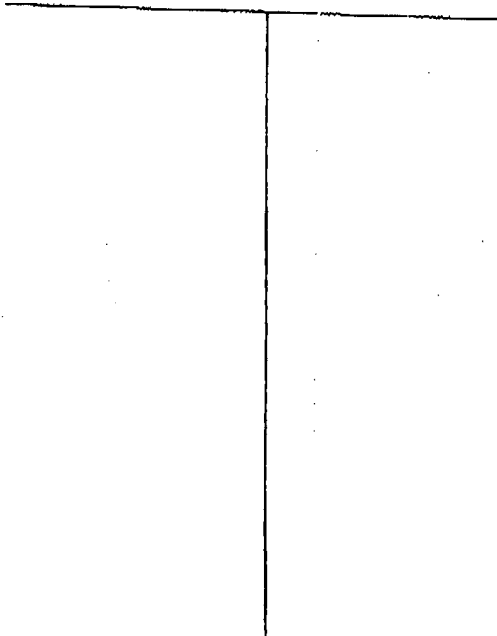
A-1 DRILLING SERVICE

PAGE 04

If well telescopes please sketch below and show depths.

D 198

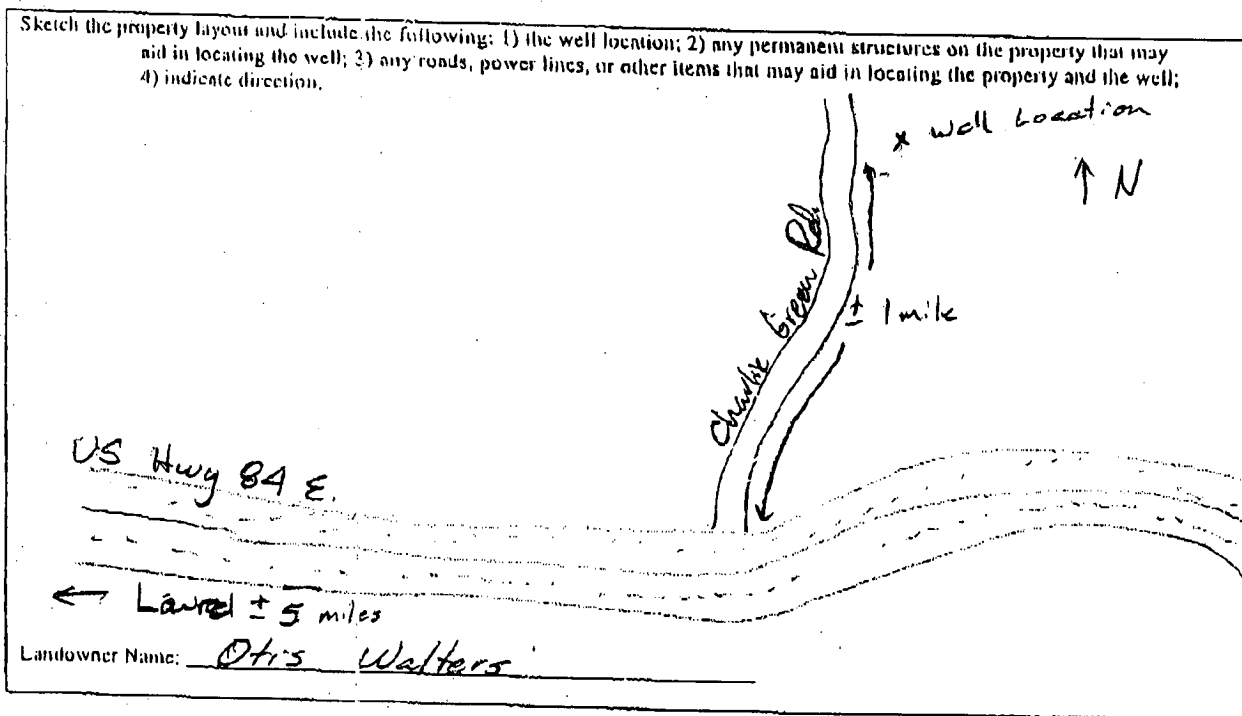
Ground Level



Description of Formations Encountered	From	To
Tan + Orange Clay	0	21
Sand + orange	21	36
Tan clay	36	38
Sand w/ clay streaks	38	60
Sand	60	81
Light gray clay	81	103
Sand	103	136
Green clay	136	190
Rock	190	190 1/2
Light gray clay	190 1/2	210
Rock, ludgas + clay	210	215
Rock	215	216
Dark gray clay	216	237
Rock	237	239 1/2
Sand	239	242
Rock	242	243
Sand + sea shells	243	250
Sandy clay mixed	250	253
gray green clay	253	262
Sand	262	301
clay	301	306
Rock	306	306 1/2

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: Otis Walters

Mike Saylor
Signature of Water Well Contractor

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A-1 DRILLING SERVICE

PAGE 05

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)

County: Jones
 Permit #: _____
 Driller: A-1 Drilling Serv. Inc.
 Date completed: 9-29-08

For Office Use Only:
 Aquifer: _____
 Well #: D-198
 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.

<p>Well Owner Information</p> <p>Owner Name: <u>M+M Water Assn.</u> Mailing Address: <u>P.O. Box 264</u> <u>Laurel</u> <u>Ms.</u> <u>39443</u> City State Zip Code Telephone No. (<u>601</u>) <u>425-1001</u></p>	<p>Well Location</p> <p>Latitude: <u>31° 43.205'</u> Longitude: <u>88° 57.087'</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS <u>Near center</u> 1/4 Sec <u>27</u> Twn <u>9N</u> Rng <u>10W</u> Distance Direction Nearest Town <u>1.5</u> Miles <u>E</u> of <u>Laurel</u></p>
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<p>* Pump Type Circle one</p> <p>Air Lift Jet <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>10-1-08</u> Rated Pump Capacity: <u>50</u> Gallons Per Minute</p>	<p>Power Type Circle one</p> <p>Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>5</u> Setting Depth: <u>147'</u> feet Number of Stages: <u>16</u></p>
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<p>Pump Test Data</p> <p>Date Well Tested: <u>10-1-08</u> Static Water Level (A): <u>105.7</u> Feet Below Land Surface Pumping Water Level (B): <u>136.5</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>30.5</u> Feet Below Land Surface Test Pumping Rate: <u>52</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>5</u> hours</p>	<p>Method of Measuring Water Level Circle one</p> <p><u>Air Line</u> Electric Measuring Line Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>52</u> GPM with a drawdown of <u>30.5</u> feet after <u>5</u> hours of pumping</p>
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Mike Baughman 0587
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

*** Pump removed after sampling and casing capped**