

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 #: D200
 L. S. Elevation: _____
 E-log #: _____

County: Jones
 Permit #: MS-GW-16664
 Driller: A-1 Drilling Serv
 Date drilling completed: 9-8-10

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>Myrick and M. H. Cr. Wtr. Assn.</u>	Latitude: <u>31.43.205</u> Longitude: <u>88.57.087</u>
Mailing Address: <u>P.O. Box 2611</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Laurel</u> MS <u>39440</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>Near center</u>
Telephone No. <u>(601) 425-1001</u>	<u>1/4</u> Sec <u>25</u> Twn <u>9N</u> Rng <u>10W</u>
	Distance <u>1.5</u> Miles Direction <u>E</u> of Nearest Town <u>Laurel</u>

Well Data

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

Date well drilling started: 2-1-10 Date well drilling completed: 9-8-10

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

Static Water Level: 111.7 feet above of below (circle one) land surface Date measured: 9-27-10

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

Hole depth: 303' Well depth: 301' Well grouted to a depth of 259 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 261 feet Casing diameter: 12 3/4 inches Type of casing: B1st epoxy ctd on inside

Screen length: 40 1/2 feet Screen diameter: 8 5/8 inches Type of screen: Bar weld st st

Screen slot size: .016" inches Setting depth: From 260 1/2 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: 198.23 feet. If telescoped or more than one screen, describe on back of page

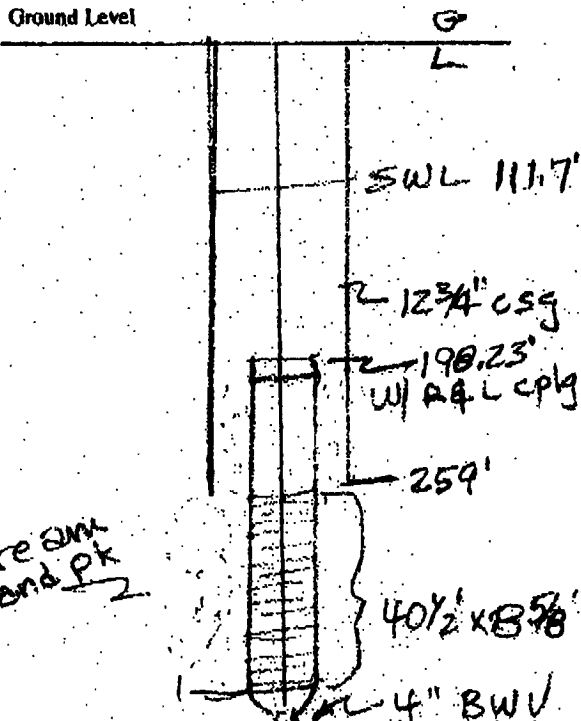
Logs run (circle all applicable): No log run Electric Gamma Ra Density Sonic Neutron Other: _____

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

If well telescopes please sketch below and show depths.

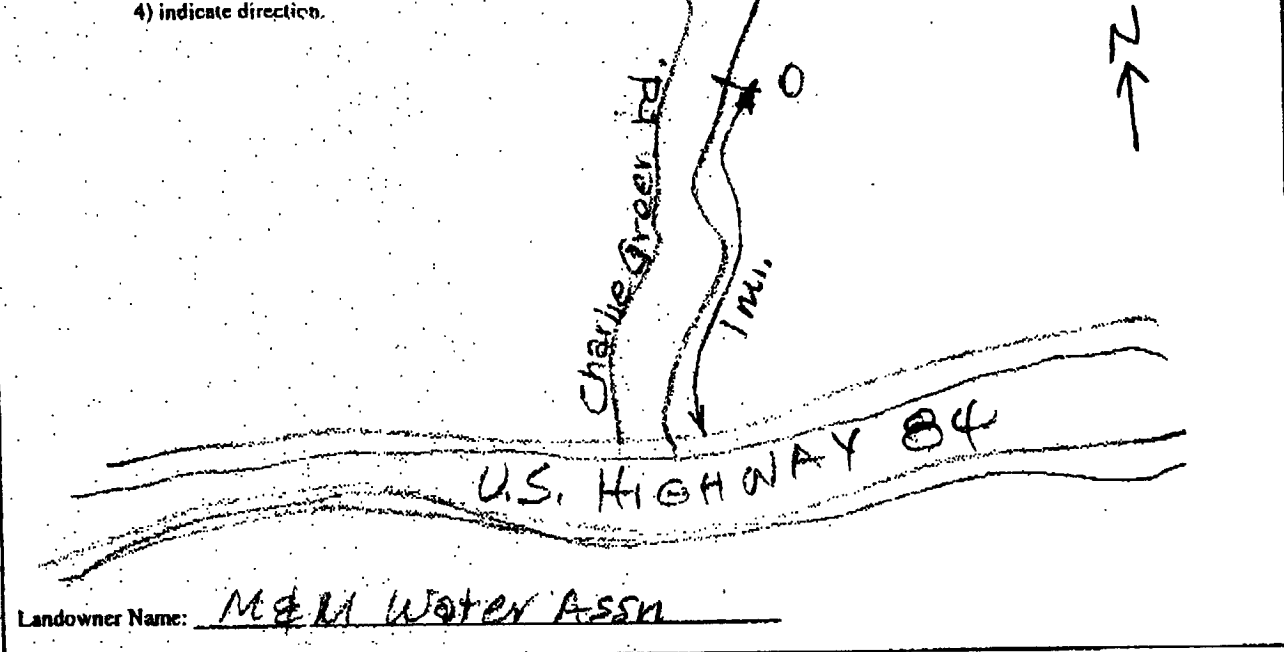


Description of Formations Encountered	From	To
Clay, yellow	0	27
Sand & clay, orange	22	36
Clay, tan	36	58
Sand, tan	58	61
Clay, tan	46	75
Sand, yellow & tan	72	134
Clay, gray w/ lignite	134	139
Clay, gray-green	139	204
Clay w/ rock ledges	204	214
Rock	214	215
Clay, gray, hard	215	234
Rock	234	234 1/2
Clay	234 1/2	239 1/2
Rock	239 1/2	239 1/2
Clay, sandy	239 1/2	244 1/2
Rock	244 1/2	244 1/2
Sand & clay mix &	244 1/2	258
Sand	258	301

Underream
w/ sand pk

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: M & M Water Assn

Wilbur Caplan
 Signature of Water Well Contractor

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 #: MS-GW-16664
 Driller: A-1 Drilling Ser
 Date completed: 9-28-10

For Office Use Only:
 Aquifer: _____
 Well #: D200
 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>Mynack and Mill Co. Wtr Assn</u>	Latitude: <u>31°43'20.5"</u> Longitude: <u>89°57'08.9"</u>
Mailing Address: <u>PO Box 2511</u>	Method of Lat/Long (circle one): Conventional Survey.
<u>Laurel MS 39440</u>	USGS quad. <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>Near center</u> 1/4 Sec <u>25</u> Twn <u>9</u> Rng <u>10W</u>
Telephone No. <u>(601) 425-1001</u>	Distance Direction Nearest Town
	<u>1.5</u> Miles <u>E</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	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>25</u>
Date Pump Installed: <u>9-21-10</u>	Setting Depth: <u>256'</u> feet
Rated Pump Capacity: <u>205 @ 350'</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-26 & 27-10</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>111.7</u> Feet Below Land Surface	Other (specify): <u>SONIC</u>
Pumping Water Level (B): <u>211</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>98</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>205</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

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

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