

County: KEMPER

Permit #: MS-GW-16858

Driller: LAYNE CHRISTENSEN

Date drilling completed: 2/13/12

Well Driller Report and Well Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P. O. Box 2309
 Jackson, MS 39225-2309
 (601) 961-5210
 (601) 354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: K38

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.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name <u>EAST MISSISSIPPI COMMUNITY COLLEGE</u>	Latitude: <u>N 32' 49.762</u> Longitude: <u>W 88' 29.128</u>
Mailing Address: <u>PO BOX 158</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey
<u>SCOOBA</u> MS <u>39358</u>	USGS quad, <input type="checkbox"/> Hand-Held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip Code	<input checked="" type="checkbox"/> NW <input checked="" type="checkbox"/> SW <input type="checkbox"/> SE <input type="checkbox"/> NE Sec <u>8</u> Twn <u>11N</u> Rng <u>18E</u>
Telephone No. (<u>662</u>) <u>494-7101</u>	Distance Direction Nearest Town
	<u>1</u> Miles <u>SW</u> of <u>SCOOBA</u>

Well / Borehole Data

Date drilling started: 10/12/11 Date well drilling completed: 2/13/12 Hole Depth: 2335' Hole diameter: 25"

Location of the source of any surface water used for drilling: N/A

Method of dosing and volume of Chlorine used in drilling and development: N/A

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

Name of organization running log(s): LAYNE CHRISTENSEN COMPANY, JACKSON, MS

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

Static Water Level: 73 feet above or below (circle one) land surface Date measured: 5/21/2012

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

Well depth: 2335' Well grouted to a depth of: 2265' Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 2265 feet Casing diameter: 12 inches Type of casing: STEEL

Screen length: 60 feet Screen diameter: 8 inches Type of screen: STAINLESS

Screen slot size: 0.025 inches Setting depth: From 2270 feet to 2330 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: 2190 feet. *If telescoped or more than one screen, describe on next page.*

Form: OLWR-SWR-1A
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The sketch below only required for water wells.

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations.

If well telescopes, show depths on sketch.

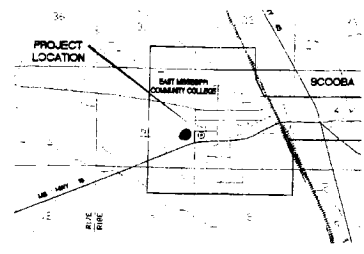
Ground Level

Description of Formations Encountered	From	To
TOP SOIL	0	5
SANDY CLAY	5	80
FINE SAND	80	180
SHALE	180	240
SANDY SHALE	240	460
GRAY CLAY	460	600
LIME, SHALE STREAKS	600	685
HARD SHALE	685	690
CLAY & SHALE	690	950
SAND & HARD STREAKS	950	1015
SHALE & SAND STREAKS	1015	1055
CLAY & SAND STREAKS	1055	1082
CLAY & SHALE STREAKS	1082	1112
SAND & SHALE STREAKS	1112	1295
BROWN CLAY	1295	1425
SAND & CLAY STREAKS	1425	1470
CLAY	1470	1475
SAND	1475	1485
CLAY & SAND STREAKS	1485	1570
SAND	1570	1605
CLAY	1605	1610
SAND & SHALE	1610	1635
GRAVEL & SAND	1635	1665
HARD SHALE	1665	1685
SAND	1685	1700
CLAY & SHALE	1700	1710
SAND	1710	1715
SHALE & CLAY	1715	1805
SAND	1805	1820
CLAY & SHALE	1820	1900
SAND	1900	1960
SHALE	1960	2030
SANDY CLAY	2030	2070
HARD SHALE	2070	2100
SAND - HARD	2100	2150
SHALE - HARD	2150	2155
HARD SHALE	2155	2170
SANDY HARD STREAKS	2170	2205
GRAVEL & SAND	2205	2235
CLAY	2235	2240
GRAVEL & SAND	2240	2330
CLAY	2330	2335
SAND & GRAVEL	2335	2350
HARD SHALE	2350	2370

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

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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.



NOT TO SCALE

Landowner's Name: EAST MISSISSIPPI COMMUNITY COLLEGE

Form: OLWR-SWR-1A

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.

DAVE COOK 0-692

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 39225-2309
(601) 961-5210
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For Office Use Only:

Aquifer: _____

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Permit #: MS-GW-16858

Driller: LAYNE CHRISTENSEN

Date Completed: 5/21/12

Copy information from block on Part 1

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> EAST MISSISSIPPI COMMUNITY COLLEGE </u>	Latitude: <u> N 32' 49.762 </u> Longitude: <u> W 88' 29.128 </u>
Mailing Address: <u> PO BOX 158 </u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/>
<u> SCOOBA </u> <u> MS </u> <u> 39358 </u>	USGS quad <input type="checkbox"/> Hand-Held GPS <input checked="" type="checkbox"/> Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u> NW 1/4 SW 1/4 </u> Sec <u> 8 </u> T <u> 11N </u> R <u> 18E </u>
Telephone No. (<u> 662 </u>) <u> 494-7101 </u>	<u> NE SE </u> Direction <u> 6 </u>
	Distance <u> 1 </u> Miles <u> SW </u> of <u> SCOOBA </u>

Pump Type Circle One	Power Type Circle One
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine	<input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u> 30 </u>
Date Pump Installed: <u> 5/4/2012 </u>	Setting Depth: <u> 155 </u> feet
Rated Pump Capacity <u> 300 </u> Gallons Per Minute	Number of Stages: <u> 6 </u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: <u> 5/21/2012 </u>	<input checked="" type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): <u> 73 </u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u> 74 </u> Feet Below Land Surface	
Drawdown [(B) - (A)]: <u> 1 </u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u> 1000 </u> Gallons Per Minute	Well yielded <u> 50 </u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u> 8 </u> hours	<u> 20 </u> feet after <u> 8 </u> hours of pumping

This is for (circle 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.

 DAVE COOK 692 Dave Cook
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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