

County: LAUDERDALE
 Permit #: MS-GW-16649 ✓
 Driller: LAYNE CHRISTENSEN
 Date drilling completed: 4/26/10

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 #: M145
 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>SOUTHWEST LAUDERDALE WATER ASSOC</u>	Latitude: <u>32° 20' 27.731 N</u> Longitude: <u>88° 47' 48.248 W</u>
Mailing Address: <u>2215 PAULDIN ROAD</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey
<u>MERIDIAN</u> MS <u>39307</u>	<input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-Held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip Code	<u>NE</u> ¼ <u>NW</u> ¼ Sec <u>29</u> Twn <u>6 N</u> Rng <u>15 E</u>
Telephone No. (<u>601</u>) <u>693.5919</u>	<u>NE</u> Distance Direction Nearest Town <u>5</u> Miles <u>WEST</u> of <u>MERIDIAN</u>

Well / Borehole Data

Date drilling started: 3/09/10 Date well drilling completed: 4/26/10 Hole Depth: 1045' Hole diameter: 24"

Location of the source of any surface water used for drilling: NONE

Method of dosing and volume of Chlorine used in drilling and development: NONE

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

Name of organization running log(s): LAYNE CHRISTENSEN COMPANY, PENSACOLA, FL

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: 150.8 feet above or below (circle one) land surface Date measured: 4/26/2010

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

Well depth: 1045' Well grouted to a depth of: 965' Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 965 feet Casing diameter: 16 inches Type of casing: STEEL

Screen length: 70 feet Screen diameter: 10 inches Type of screen: STAINLESS

Screen slot size: 0.020 inches Setting depth: From 975 feet to 1045 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: 890 feet. *If telescoped or more than one screen, describe on next page.*

RECEIVED
Form: OLWR-GWR-11

MAR 09 2012
BY: OLWR

The sketch below only required for water wells.

If well telescopes, show depths on sketch.

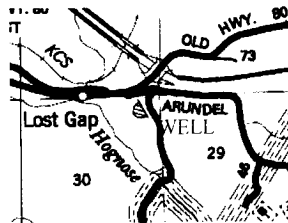
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations.

Ground Level

Description of Formations Encountered	From	To
RED CLAY	0	20
RED CLAY & SAND	20	35
RED/WHITE SAND & CLAY	35	64
RED & BROWN CLAY	64	81
SOFT SAND	81	93
SAND & SOME CLAY	93	120
CLAY	120	129
SAND	129	134
CLAY	134	240
SAND	240	270
CLAY	270	305
ROCK	305	310
CLAY GRAY & BLUE	310	428
CLAY GRAY	428	769
SANDY CLAY	769	788
CLAY & SOME SAND	788	819
SANDY CLAY	819	875
SAND & SOME CLAY	875	969
SAND	969	1026
SAND & SOME CLAY	1026	1043
CLAY	1043	1064
SAND & SOME CLAY	1064	1085
CLAY	1085	1112
SANDY CLAY	1112	1138
CLAY	1138	1225

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) a north arrow.



NOT TO SCALE

Landowner's Name: SOUTHWEST LAUDERDALE WATER ASSOCIATION

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

3.1.12

Dave Cook

RECEIVED

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

MAR 09 2012

BY: OLWR

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
(601) 354-6938 (fax)

For Office Use Only:

Aquifer: _____
Well #: M145
Elevation: _____

County: LAUDERDALE
Permit #: MS-GW-16649
Driller: LAYNE CHRISTENSEN
Date Completed: 4/23/11

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.

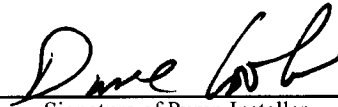
Well Owner Information	Well Location
Owner Name <u>SOUTHWEST LAUDERDALE WATER ASSOC</u>	Latitude: <u>32° 20' 27.731 N</u> Longitude: <u>88° 47' 48.248 W</u>
Mailing Address: <u>2215 PAULDIN ROAD</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>MERIDIAN</u> MS <u>39307</u>	USGS quad <input checked="" type="checkbox"/> Hand-Held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>NE</u> ¼ <u>NW</u> ¼ Sec <u>29</u> T <u>6 N</u> R <u>15 E</u>
Telephone No. (<u>601</u>) <u>693.5919</u>	Distance Direction Nearest Town
	<u>5</u> Miles <u>WEST</u> of <u>MERIDIAN</u>

Pump Type	Power Type
Circle One	Circle One
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> Turbine <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>9/23/2010</u>	Setting Depth: <u>244</u> feet
Rated Pump Capacity <u>600</u> Gallons Per Minute	Number of Stages: <u>4</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>2/8/11</u>	Circle One
Static Water Level (A): <u>156</u> Feet Below Land Surface	Air Line <input type="checkbox"/> <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Pumping Water Level (B): <u>163</u> Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: <u>7</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>647</u> Gallons Per Minute	Well yielded <u>647</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	<u>8.85</u> feet after <u>4</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 
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
MAR 09 2012
BY: OLWI