

County: Lauderdale
 Permit #: MS-GW-116037
 Driller: Aldric Jones
 Date drilling completed: 1-19-11

State Well Report
Part I - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2307
 Jackson, MS 39225
 (601)961-5210
 (601)961-5220 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: 560
 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>Clarksdale Water Association</u>	Latitude: <u>32° 16' 57.85"</u> Longitude: <u>91° 48' 21"</u>
Mailing Address: <u>% AES Limited</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input checked="" type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>P.O. Box 5654</u>	<u>NE 1/4 NE 1/4 Sec 18 Twn 5N Rng 16E</u>
<u>Meridian MS 39301</u>	Distance: <u>5</u> Miles Direction: <u>South</u> of Nearest Town: <u>Meridian</u>
City: _____ State: _____ Zip Code: _____	
Telephone No. <u>(601) 693-6156</u>	

Well / Borehole Data

Date drilling started: 11-1-10 Date drilling completed: 1-19-11 Hole depth: 1314' Hole diameter: 19"

Location of the source of any surface water used for drilling: From Clarksdale Water Association
 Method of dosing and volume of Chlorine used in drilling and development: _____

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

Name of organization running log(s): State

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 a flowing well, method of flow regulation: Valve _____ Other (describe): N/A

Static Water Level: 339 feet above or below (circle one) land surface Date measured: 1-18-11

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

Well depth: 1204' Well grouted to a depth of 1085' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 1085' feet Casing diameter: 12" inches Type of casing: steel

Screen length: 110' feet Screen diameter: 8" inches Type of screen: stainless steel

Screen slot size: .020 inches Setting depth From 1090' feet to 1200' 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: 1010' feet *If telescoped or more than one screen, describe on next page*

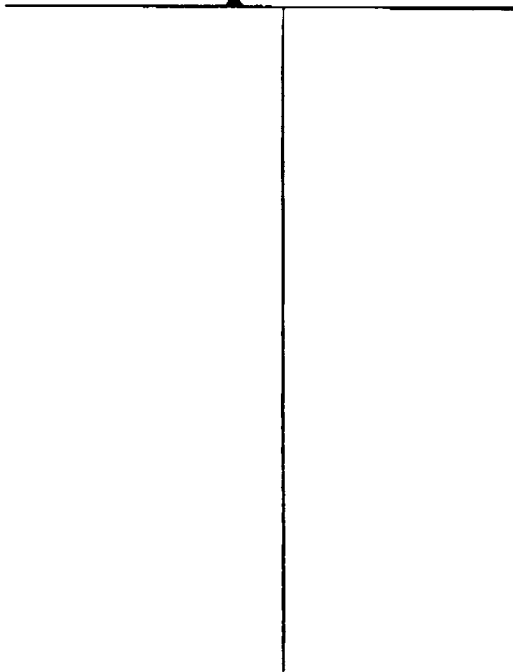
560

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.

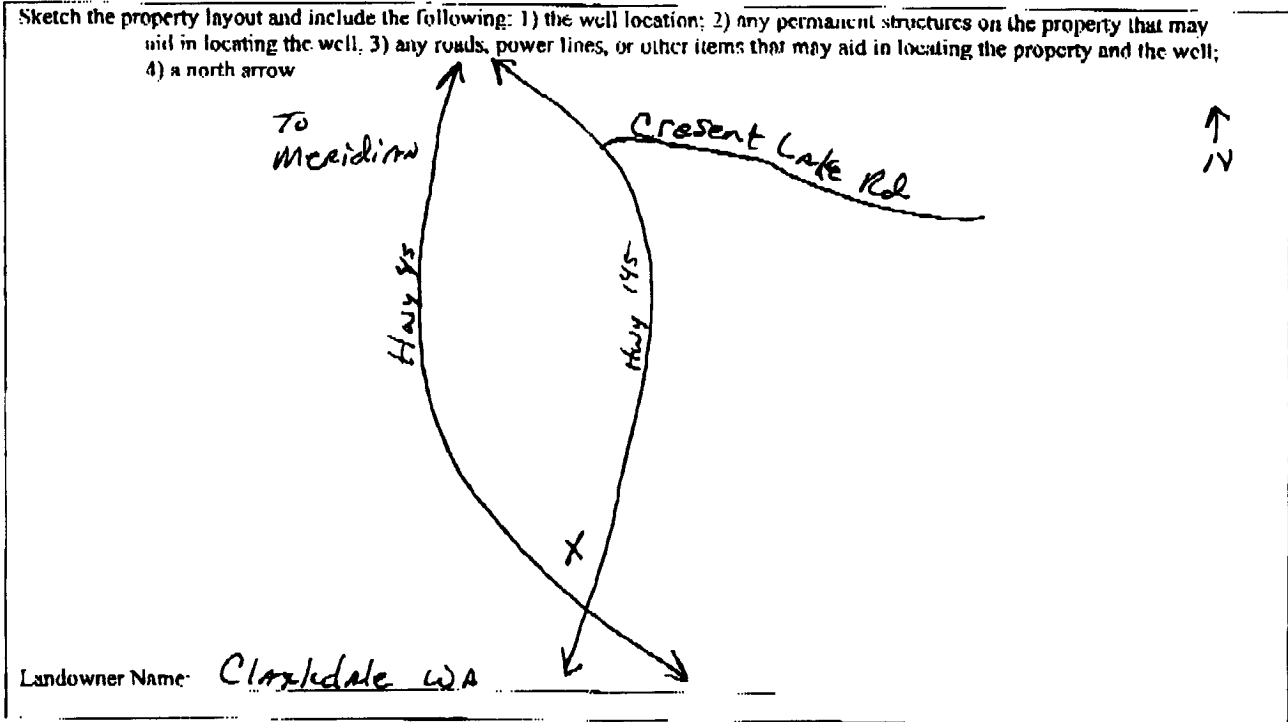
Ground Level →



Description of Formations Encountered	From (depth)	To (depth)
Sand	Ground Level	27
Clay & Sand	27	56
Rock	56	57
Clay	57	125
Sand & Sand	125	261
Hard Shale & Clay	261	304
Sandy Shale & Clay	304	525
Sandy Shale	525	613
Clay & Limestone	613	760
Sandy Shale & Rock str.	760	965
Coarse Sand w/ pebbles/shale	965	1163
Sand & Shale	1163	1260
Clay & Shale	1260	1314

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



Form: OLWR-SWR-1A (04/08)

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.

Clayton Miller 0703 2/24/11 Clayton Miller
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

#6

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
 (601)961-5210
 (601)961-5228 (fax)

County: Lauderdale
 Permit #: _____
 Driller: David Canady
 Date completed: 5-7-11
 Copy information from block on Part 1

For Office Use Only:
 Aquifer: S60
 Well #: _____
 Elevation: _____

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>Clackdale Water Association</u>	Latitude: <u>N32° 16' 57.85"</u> Longitude: <u>W88° 41' 48.21"</u>
Mailing Address: <u>90 AES Limited</u> <u>P.O. Box 5654</u> <u>Meridian MS 39301</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ <u>N4 1/4 N6 1/4 Sec 1 & T 5N R 16E</u>
Telephone No. <u>(601) 693-6156</u>	Distance Direction Nearest Town <u>5 Miles South of Meridian</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"/> <u>Turbine</u>	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
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>125</u>
Date Pump Installed: <u>5/7/11</u>	Setting Depth: <u>440</u> feet
Rated Pump Capacity: <u>600</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5/30/11</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>339</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>397</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>58</u> Feet Below Land Surface	Well yielded <u>670</u> GPM with a drawdown of
Test Pumping Rate: <u>620</u> Gallons Per Minute	<u>58</u> feet after <u>8</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>8</u> hours	

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

Clayton Miller 0-703 Clayton Miller
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer