FAXED 4-19-16

County: Lincoln
Permit #:
Driller: Aldric Jones
Date drilling completed: 10-23-15

STATE WELL REPORT
Part 1
Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:
Well #: Q78
Aquifer:
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.

Well Owner Information
(Landowner if borehole is not for a water well)

Owner Name: Topisaw Creek Water Assn, Inc.
Mailing Address: c/o Fouche' & Assoc.
1700 West Government St. Suite R
Brandon MS 39043
City State Zip Code
Telephone No. (601) 825-2333

Well or Borehole Location

Latitude: 31° 24' 54.94" Longitude: 90° 23' 50.76"
Method of Lat/Long (*check one*): Conventional Survey ____, USGS quad ____, Hand-held GPS ✓, Survey-grade GPS ____
NE ✓ ¼ SE ✓ ¼, Sec 9 ✓ T 5N ✓ R 8E ✓
4.02 Miles (Distance) East (Direction) of Bogue Chitto (Nearest Town)

Well / Borehole Data

Date drilling started: 8/19/15 Date drilling completed: 10/23/15 Hole depth: 1467' Hole diameter: 24"
Location of the source of any surface water used for drilling: Existing Well
Method of dosing and volume of Chlorine used in drilling and development:
Logs run (*circle all applicable*): No log run (Electric) Gamma Ray Density Sonic Neutron Other:
Name of organization running log(s):
Purpose of borehole (*circle 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 (*circle all applicable*): Home Industrial (Public Supply) Irrigation Fish Culture
Other (*describe*):
If a flowing well, method of flow regulation: Valve ____ Other (*describe*)
Static Water Level: 358 feet (above or (below) land surface (circle one) Date measured: 3-18-16
Method of measurement (*circle one*): Steel tape Electric tape (Air line) Other (*describe*):
Well depth: 1265' Well grouted to a depth of: 1235 feet Type of grout (*circle one*): (Neat Cement) Bentonite Mix
Casing length: 1235 feet Casing diameter: 12 inches Type of casing: Coated Steel
Screen length: 25 feet Screen diameter: 8 inches Type of screen: Stainless Steel
Screen slot size: .020 inches Setting depth: From 1235 feet to 1261 feet
Type of completion (*circle all applicable*): Gravel packed (Underreamed) Open hole Natural Development
Other (*describe*):
Top of lap pipe or reduction in casing: 1155 feet

If telescoped or more than one screen, describe on next page

County: Lincoln

Permit #:

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Well #: Q78

The sketch below only required for water wells

If well telescopes, show depths on sketch.

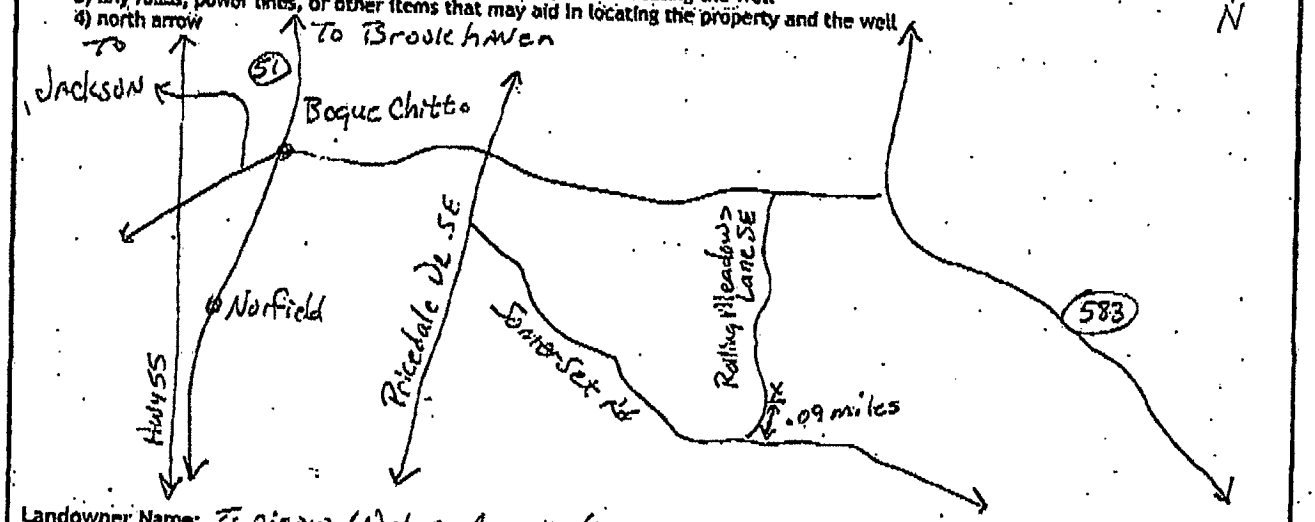
Ground Level

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

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

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	19
Red Clay	19	46
Sandy Clay	46	70
Sand w/ Pea Gravel	70	81
Rock	81	82
Sand and Gravel	82	91
Sand and Clay	91	135
Sand and Gravel	135	153
Clay	153	190
Clay w/ Sand & Pea Gravel	190	370
Sandy Clay	370	461
Sand w/ Clay	461	597
Rock	597	598
Clay w/ Sand or Sand w/ Clay	598	1108
Shale w/ Clay	1108	1143
Sand w/ Shale	1143	1270
Clay w/ Sandy Shale	1270	1310
Sandy Shale	1310	1423
Clay or Shale	1423	1437
Sand w/ Shale	1437	1467
Shale	1467	1473

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) north arrow



Landowner Name: Tipisaw Water Association, Inc

I HEREBY 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 0-703 — Print Name of Responsible Licensee and License No.

4-18-16 — Date

Clayton Miller — Signature of Licensee

Form: OLWR-SWR-1A (4/13)

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) 360-0535 (fax)

County: Lincoln
Permit #:
Driller: Robert Ratliff JR
Date completed: 3-18-16
Copy information from block on Part 1

For Office Use Only:
Well #: Q78
Aquifer:

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

Owner Name: Topisaw Creek Water Assn Inc
Mailing Address: c/o Fouche' & Assoc.
1700 West Government St. Suite R
Brandon (City) MS (State) 39043 (Zip Code)
Telephone No. (601) 825-2333

Well Location

Latitude: 31° 24' 54.94" Longitude: 90° 23' 50.26"
Method of Lat/Long (*check one*): Conventional Survey____, USGS quad____, Hand-held GPS ✓, Survey-grade GPS____
NE ¼ SE ¼, Sec. 9 T 5N R 8E
4.02 (Distance) Miles East (Direction) of Bogue Chitto (Nearest Town)

Pump Type (*circle one*)

Submersible (Turbine) Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (*describe*):
Date Pump Installed: 3-18-16 Rated Pump Capacity: 400 Gallons Per Minute
Is This Pump (*circle one*): (New) Repaired Replacement

Power Type (*circle one*)

(Electric) Diesel Gasoline Natural Gas Tractor PTO Windmill Other (*describe*):
Horse Power Rating of Motor: 75 Setting Depth: 460 feet Number of Stages: 12

Pump Test Data for Non Flowing Well

Date Well Tested: 4-12-16 Duration of Pump Test (*minimum 4 hours*): 4 hours
Static Water Level (A): 358 Feet Below Land Surface Pumping Water Level (B): 379 Feet Below Land Surface
Drawdown [(B) - (A)]: 21 Feet Below Land Surface Test Pumping Rate: 400 Gallons Per Minute
Method of measurement (*circle one*): Steel tape Electric tape (Air line) Other (*describe*):

Pump Test Data for Flowing Well

Measured shut in head: ____ feet.
Well yielded ____ GPM with a drawdown of ____ feet after ____ hours of pumping

Meter Installation

Meter Manufacturer: McCrometer Meter Serial Number: 20160162-08
Meter Model Number/Name: M104 Type of Meter: Propeller FxF w/ Transmitter
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): gal x 1000
Installation Date: 3-21-16 Meter installed by: MidSouth Water, LLC
Is This Meter (*circle one*): (New) Repaired Replacement

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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

Clayton Miller 0703 — Print Name of Pump Installer and License No. (*if applicable*)
4-18-16 — Date
Clayton Miller — Signature of Pump Installer

Form: OLWR-SWR-1B (4/13)