

County: LOWNDES

Permit #: MS-GW-16202

Driller: LAYNE-CENTRAL

Date drilling completed: 3/11/09

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 #: J40

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.

<p align="center">Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name <u>LOWNDES COUNTY IND. DEV. AUTH.</u></p> <p>Mailing Address: <u>PO DRAWER 1328</u></p> <p><u>COLUMBUS</u> <u>MS</u> <u>39703</u> City State Zip Code</p> <p>Telephone No. (<u>662</u>) <u>328.8369</u></p>	<p align="center">Well or Borehole Location</p> <p>Latitude: <u>N 33° 27.620'</u> Longitude: <u>W 88° 34.969'</u> ^{58'}</p> <p>Method of Lat/Long (circle one): <u>37''</u> Conventional Survey</p> <p>USGS quad, <u>Hand-Held GPS</u>, Survey-grade GPS</p> <p><u>SE ¼ NW ¼</u> Sec <u>1</u> TwN <u>18N</u> Rng <u>16E</u> ^{17E}</p> <p>Distance Direction Nearest Town <u>12</u> Miles <u>WEST</u> of <u>COLUMBUS</u></p>
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Well / Borehole Data

Date drilling started: 11/01/08 Date well drilling completed: 2/13/09 Hole Depth: 1410' Hole diameter: 12''

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-CENTRAL, 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: 121 feet above or below (circle one) land surface Date measured: 2/13/09

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

Well depth: 1355' Well grouted to a depth of: 1225' Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 1225 feet Casing diameter: 20 inches Type of casing: STEEL, EPOXY ON INTERIOR

Screen length: 105 feet Screen diameter: 14 inches Type of screen: STAINLESS STEEL

Screen slot size: 0.030 inches Setting depth: From 1230 - 1310 feet to 1330 - 1355 feet (SPLIT)

Type of completion (circle all applicable): Gravel Packed Underreamed Telescoped Open Hole Natural Development
 Other (describe): --

Top of lap pipe or reduction in casing: 1023 feet. *If telescoped or more than one screen, describe on next page.*

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 JUN 15 2009
 BY: OLWR

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	12
HARD SHALE	12	260
SANDY SHALE W/ HARD STREAKS	260	307
SAND	307	372
HARD BLACK SHALE	372	430
SAND/SHALE STREAKS	430	560
BLACK SHALE	560	735
BROWN SHALE	735	880
SAND/SHALE STREAKS	880	945
SAND	945	1004
SAND/RED CLAY STREAKS	1004	1008
RED CLAY	1008	1193
CLAY/SAND STREAKS	1193	1225
CLAY/SAND STREAKS	1225	1333
SAND	1333	1360
HARD SHALE	1360	1400
SAND/CLAY STREAKS	1400	1438
SAND/SHALE STREAKS	1438	1470

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.

Landowner's Name: LOWNDES COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY

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 692

Print Name of Responsible Licensee and License No.

Date



Signature of Licensee

REC-100
JUN 13 2010
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 #: 340
 Elevation: _____

County: LOWNDES
 Permit #: MS-GW-16202
 Driller: LAYNE-CENTRAL
 Date Completed: 3/11/09

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>LOWNDES COUNTY IND. DEV. AUTH.</u>	Latitude: <u>N 33° 27' 31"</u> Longitude: <u>W 88° 34' 31"</u>
Mailing Address: <u>PO DRAWER 1328</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>COLUMBUS</u> <u>MS</u> <u>39703</u>	USGS quad _____ Hand-Held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>SE</u> <u>1/4</u> Sec <u>1</u> T <u>18N</u> R <u>17E</u>
Telephone No. (<u>662</u>) <u>328.8369</u>	Distance Direction Nearest Town
	<u>12</u> Miles <u>WEST</u> of <u>COLUMBUS</u>

Pump Type Circle One	Power Type Circle One
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input checked="" type="checkbox"/> Turbine	<input checked="" type="checkbox"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>500</u>
Date Pump Installed: <u>7/1/09</u>	Setting Depth: <u>400</u> feet
Rated Pump Capacity <u>2563</u> Gallons Per Minute	Number of Stages: <u>6</u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: <u>8/7/09</u>	Air Line <input checked="" type="checkbox"/> Electric Measuring Line Steel Tape
Static Water Level (A): <u>124</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>310</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>186</u> Feet Below Land Surface	Well yielded <u>2563</u> GPM with a drawdown of
Test Pumping Rate: <u>2563</u> Gallons Per Minute	<u>186.3</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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)

Dave Cook **RECEIVED**
 Signature of Pump Installer

FEB 25 2011
 BY: OLWR