

County: MADISON
 Permit #: MS-GW-16644
 Driller: LAYNE-CENTRAL
 Date drilling completed: 8/31/10

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 #: J41
 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 MADISON WATER ASSOCIATION</u>	Latitude: <u>N 32' 41.723</u> Longitude: <u>W 089' 44.195</u>
Mailing Address: <u>PO BOX 533</u>	Method of Lat/Long (circle one): Conventional Survey
<u>CANTON MS 39046</u>	USGS quad, <u>Hand-Held GPS</u> Survey-grade GPS
City State Zip Code	<u>SW</u> ¼ <u>SE</u> ¼ Sec <u>24</u> Twn <u>10 N</u> Rng <u>5 E</u>
Telephone No. (<u>601</u>) <u>859-2810</u>	Distance Direction Nearest Town
	<u>16</u> Miles <u>EAST</u> of <u>CANTON</u>

Well / Borehole Data

Date drilling started: 6/28/10 Date well drilling completed: 8/31/10 Hole Depth: 2533' Hole diameter: 20"

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, 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: 100 feet above or below (circle one) land surface Date measured: 8/31/10

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

Well depth: 2533' Well grouted to a depth of: 2388' Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 2388 feet Casing diameter: 12 inches Type of casing: STEEL

Screen length: 80 feet Screen diameter: 8 inches Type of screen: STAINLESS STEEL

Screen slot size: 0.024 inches Setting depth: From 2393 feet to 2473 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: 2309 feet. *If telescoped or more than one screen, describe on next page.*

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WV-11111

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.

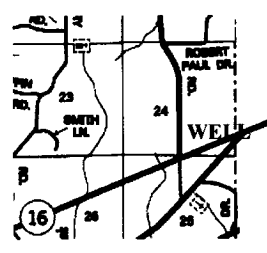
If well telescopes, show depths on sketch.

Ground Level

Description of Formations Encountered	From	To	Description of Formations Encountered	From	To
YELLOW CLAY	0	4	SANDY CLAY	800	865
WHITE CLAY	4	25	CLAY	865	1070
YELLOW CLAY	25	45	SAND	1070	1120
WHITE SAND	45	53	SANDY CLAY	1120	1180
GRAY SAND	53	58	CLAY	1180	1220
SANDY SHELL GRAY	58	65	SAND & CLAY STEAKS	1220	1380
SAND	65	96	CLAY	1380	1475
BLUE CLAY SANDY	96	128	SAND	1475	1580
SAND & LIGNITE	128	159	CLAY	1580	1690
LIGNITE & SAND	159	217	SANDY CLAY & HARD STREAKS	1690	2050
HARD CLAY	217	266	CLAY	2050	2130
SAND	266	275	SANDY CLAY & HARD STREAKS	2130	2270
HARD CLAY	275	320	CLAY HARD	2270	2320
SAND	320	356	SANDY CLAY	2320	2390
HARD CLAY	356	403	SAND	2390	2520
SAND CLAY	403	470	CLAY	2520	2533
SAND	470	607			
HARD CLAY	607	685			
SANDY SHALE	685	715			
HARD SHALE	715	800			

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: EAST MADISON 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
Print Name of Responsible Licensee and License No.

Date

Dave Cook
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
 (601) 354-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: J41
 Elevation: _____

County: MADISON
 Permit #: MS-GW-16644
 Driller: LAYNE-CENTRAL
 Date Completed: 8/31/10

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 MADISON WATER ASSOCIATION</u>	Latitude: <u>N32' 41.723</u> Longitude: <u>W 089' 44.195</u>
Mailing Address: <u>PO BOX 533</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>CANTON</u> <u>MS</u> <u>39046</u>	USGS quad _____ Hand-Held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>SW</u> ¼ <u>SE</u> ¼ Sec <u>24</u> T <u>10 N</u> R <u>5 E</u>
Telephone No. (<u>601</u>) <u>859-2810</u>	Distance Direction Nearest Town
	<u>16</u> Miles <u>EAST</u> of <u>CANTON</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"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>1/12/11</u>	Setting Depth: <u>236</u> feet
Rated Pump Capacity <u>575</u> Gallons Per Minute	Number of Stages: <u>6</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>5/13/11</u>	Circle One
Static Water Level (A): <u>103.6</u> Feet Below Land Surface	<input checked="" type="checkbox"/> Air Line Electric Measuring Line Steel Tape
Pumping Water Level (B): <u>120.31</u> Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: <u>16.71</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>603</u> Gallons Per Minute	Well yielded <u>603</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	<u>18.8</u> feet after <u>24</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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