

County: MONROE
 Permit #: MS-GW-16674
 Driller: Donald Smith Co
 Date drilling completed: 3/18/10

State Well Report
Part 1 - Driller's Log

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: E 12
 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>Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name <u>Quincy Water Assoc</u> Mailing Address: <u>51620 Hwy 278 E</u> <u>Amory MS 38821</u> City State Zip Code Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>33° 58' 46N</u> Longitude: <u>88° 15' 59W</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad <u>Hand-held GPS</u> Survey-grade GPS <u>SW 1/4 NW 1/4 Sec 31 Twn 12S Rng 16W</u> Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____ <u>@ Splunge</u></p>
---	---

Well / Borehole Data

Date drilling started: 1/26/10 Date drilling completed: 3/18/10 Hole depth: 140' Hole diameter: 21"

Location of the source of any surface water used for drilling: public water supply
 Method of dosing and volume of Chlorine used in drilling and development: potable water used

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): DEG

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) _____

Static Water Level: 9' feet above or below (circle one) land surface Date measured: _____

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

Well depth: 130' Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 120 feet Casing diameter: 16 inches Type of casing: Steel

Screen length: 30 feet Screen diameter: 10 inches Type of screen: SS

Screen slot size: .30 inches Setting depth: From 100 feet to 130 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: N/A feet. *If telescoped or more than one screen, describe on next page.*

RECEIVED
 Form: OLWR-SWR-1A
 MAR 22 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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Monroe
 Permit #: MS-610-16674
 Driller: Donald Smith Co
 Date completed: 1/24/11
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: E12
 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>Quincy Water Assoc</u>	Latitude: <u>33° 58' 46N</u> Longitude: <u>88° 15' 59W</u>
Mailing Address: <u>51620 Hwy 278 E</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Amory MS 38821</u> City State Zip Code	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
Telephone No. () _____	_____ 1/4 _____ 1/4 Sec <u>31 T 12 S R 16 W</u>
	Distance _____ Direction _____ Nearest Town <u>@ Springe</u>
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>15</u>
Date Pump Installed: <u>11/11/10</u>	Setting Depth: <u>90</u> feet
Rated Pump Capacity: <u>300</u> Gallons Per Minute	Number of Stages: <u>4</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1/6/11</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>13'6"</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>39'9"</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>26.3</u> Feet Below Land Surface	Well yielded <u>300</u> GPM with a drawdown of
Test Pumping Rate: <u>300</u> Gallons Per Minute	<u>26.3</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.

<u>Donald Smith 0-767</u> Print Name of Pump Installer and License No. (if applicable)	<u>Donald Smith</u> Signature of Pump Installer
---	--

RECEIVED

JAN 26 2011

Form: OLWR-SWR-1B
BY: OLWR