

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)

County: OKTibbeha
Permit #: MS-GW-16660
Driller: Donald Smith Co. Inc
Date drilling completed: 6/14/10

For Office Use Only:
Aquifer: _____
Well #: G108
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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Talking Warrior Water Assoc</u>	Latitude: <u>33°24'08"N</u> Longitude: <u>88°51'03"W</u>
Mailing Address: <u>2375 Williams Rd</u>	Method of Lat/Long (circle one): Conventional Survey, _____ USGS quad, Hand-held GPS, Survey-grade GPS
<u>Starkville, Ms 39759</u> City State Zip Code	<u>NW 1/4 NE 1/4 Sec 29 Twn 18N Rng 14E</u>
Telephone No. <u>(662) 323-3115</u>	Distance Direction Nearest Town <u>2 Miles South of Starkville</u>

Well / Borehole Data

Date drilling started: 4/29/10 Date drilling completed: 6/14/10 Hole depth: 1479' Hole diameter: 17 1/2"

Location of the source of any surface water used for drilling: Public 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): MS Office of Geology

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: 135.91 feet above or below (circle one) land surface Date measured: 6/08/10

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

Well depth: 1470' Well grouted to a depth of 1405' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 1405 feet Casing diameter: 12 inches Type of casing: Steel

Screen length: 60 feet Screen diameter: 8 inches Type of screen: Stainless Steel

Screen slot size: .025 inches Setting depth: From 1410 feet to 1470 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: _____ feet. *If telescoped or more than one screen, describe on next page*

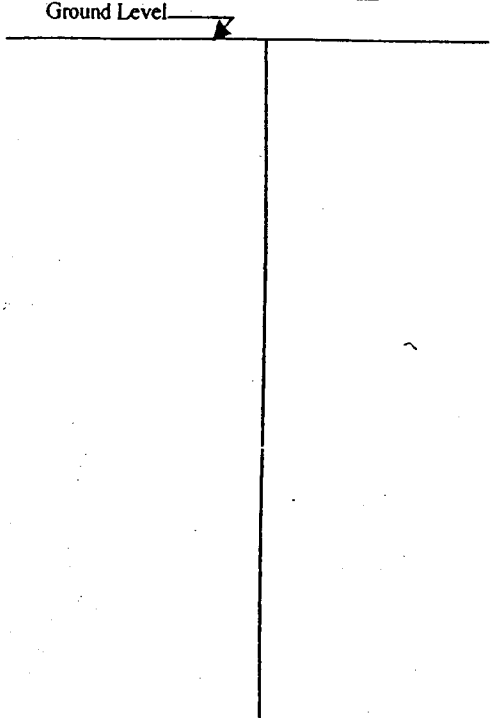
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BY: OLW

The sketch below only required for water wells

If well telescopes, show depths on sketch.



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)
	Ground Level	
Clay	0	793'
Rock	793'	794'
Clay	794'	839'
Rock	839'	840'
Sand & Clay	840'	887'
Clay	887'	958'
Sand & Clay	958'	974'
Clay	974'	987'
Sand & Clay	987'	997'
Rock	997'	998'
Clay	998'	1019'
Sand & Clay	1019'	1028'
Clay	1028'	1034'
Sand & Clay	1034'	1068'
Clay	1068'	1104'
Rock	1104'	1106'
Clay	1106'	1159'
Rock	1159'	1160'
Sand	1160'	1172'
Rock	1172'	1173'
Clay	1173'	1240'
Sand & Clay	1240'	1288'
Clay	1288'	1360'
Sand	1360'	1382'
Clay	1382'	1410'
Sand	1410'	1415'
Clay & Sand	1415'	1418'
Sand	1418'	1434'
Sand & Clay	1434'	1452'
Clay	1452'	1457'
Sand & Clay	1457'	1467'
Clay	1467'	1468'
Sand & Clay	1468'	1477'
Clay	1477'	1478'

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 Name: _____

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.

Print Name of Responsible Licensee and License No. Ronald Smith 0-767 Date 8/11/10

Signature of Licensee Ronald Smith

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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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: OKtibbleha
 Permit #: MS-OW-16660
 Driller: Donald Smith Co
 Date completed: 1/24/11
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: G108
 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>Talking Warrior Water Assoc</u>	Latitude: <u>33 24 08N</u> Longitude: <u>88 51 03W</u>
Mailing Address: <u>2375 Williams Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Starkville Ms 39759</u> City State Zip Code	USGS quad _____, <u>(Hand-held GPS)</u> , Survey-grade GPS _____
Telephone No. <u>(662) 323-3115</u>	<u>NW 1/4 NE 1/4 Sec 29 T18N R14E</u>
	Distance Direction Nearest Town <u>2</u> Miles <u>So</u> of <u>Starkville</u>

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: _____
Date Pump Installed: <u>11/24/10</u>	Setting Depth: <u>230</u> feet
Rated Pump Capacity: <u>300</u> Gallons Per Minute	Number of Stages: <u>7</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12/6/10</u>	<u>(Air Line)</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>143</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>175'7"</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>32'7"</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>32.7</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.

Donald Smith 0-767 Donald Smith #1
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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