

County: PEARL RIVER

Permit #: GW16293

Driller: LAYNE-CENTRAL

Date drilling completed: 8/27/08

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 #: R 46

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>PEARL RIVER CENTRAL WATER ASSOC.</u>	Latitude: <u>N 30° 44.303'</u> Longitude: <u>W 089° 29.591'</u>
Mailing Address: <u>PO BOX 419</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey
<u>MCNEILL</u> <u>MS</u> <u>39457</u>	<input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-Held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip Code	<u>NW 1/4 NW 1/4</u> Sec <u>3</u> Twn <u>4S</u> Rng <u>15W</u>
Telephone No. (<u>601</u>) <u>798-3103</u>	Distance Direction Nearest Town
	<u>6</u> Miles <u>SOUTH</u> of <u>POPLARVILLE</u>

Well / Borehole Data

Date drilling started: _____ Date well drilling completed: 8/27/08 Hole Depth: 1087' Hole diameter: 12"

Location of the source of any surface water used for drilling: RURAL WATER SYSTEM

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): LAYNE-CENTRAL, PENSACOLA, FL

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: 216 feet above or below (circle one) land surface Date measured: 8/27/08

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

Well depth: 1087' Well grouted to a depth of: 1020' Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 1020 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: 0.020 inches Setting depth: From 1020 feet to 1087 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: 940 feet. *If telescoped or more than one screen, describe on next page.*

Form: OLWR-SWR-1A

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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.

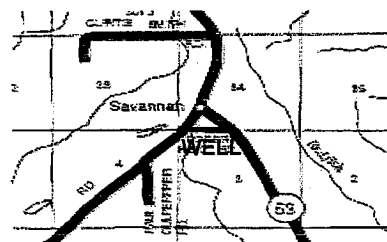
If well telescopes, show depths on sketch.

Ground Level

Description of Formations Encountered	From	To
TOP SOIL	0	2
WHITE SAND	2	15
RED & WHITE SAND	15	125
WHITE SANDY CLAY	125	130
BLUE CLAY & SAND	130	140
SAND & CLAY STREAKS	140	310
SAND & GRAVEL	310	395
SANDY GRAVEL, SHALE	395	490
SANDY BLUE CLAY	490	670
SAND	670	695
SAND & CLAY STREAKS	695	1025
SAND, CLAY, LIME STREAKS	1025	1085
HARD SHALE	1085	1170
SHALE & SAND STREAKS	1170	1445
SAND	1445	1525
SHALE	1525	1538

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: PEARL RIVER CENTRAL 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 692
 Print Name of Responsible Licensee and License No.

2-2-09 *Dave Cook*
 Date 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 #: R46
Elevation: _____

County: PEARL RIVER
Permit #: _____
Driller: LAYNE-CENTRAL
Date Completed: 8/27/08

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.

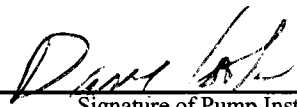
Well Owner Information	Well Location
Owner Name: <u>PEARL RIVER CENTRAL WATER ASSOC.</u>	Latitude: <u>N 30° 44.283' ^{7.1}</u> Longitude: <u>W 89° 29.391' ^{24.0}</u>
Mailing Address: <u>PO BOX 419</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey <input type="checkbox"/>
<u>MCNEIL</u> <u>MS</u> <u>39457</u>	USGS quad <input checked="" type="checkbox"/> Hand-Held GPS <input type="checkbox"/> Survey-grade GPS <input type="checkbox"/>
City State Zip Code	NW ¼ <u>NW</u> ¼ Sec <u>3</u> T <u>4S</u> R <u>15W</u>
Telephone No. (<u>601</u>) <u>798.3103</u>	Distance Direction Nearest Town
	<u>6</u> Miles <u>SOUTH</u> of <u>POPLARVILLE</u>

Pump Type Circle One	Power Type Circle One
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input type="checkbox"/> Turbine <input type="checkbox"/>	<input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): <u>--</u>
Other (specify): <u>--</u>	Horse Power Rating of Motor: <u>100</u>
Date Pump Installed: <u>3/10/09</u>	Setting Depth: <u>320</u> feet
Rated Pump Capacity <u>600</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: <u>3/10/09</u>	<input checked="" type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>222</u> Feet Below Land Surface	Other (specify): <u>--</u>
Pumping Water Level (B): <u>238</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>--</u> feet
Drawdown [(B) - (A)]: <u>16</u> Feet Below Land Surface	Well yielded <u>521</u> GPM with a drawdown of
Test Pumping Rate: <u>521</u> Gallons Per Minute	<u>238</u> feet after <u>8</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>8</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)


Signature of Pump Installer

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BY: OLWR