

County: PEARL RIVER

Permit #: MS-GW-16567

Driller: LAYNE CHRISTENSEN

Date drilling completed: 6/27/2009

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 #: W352
4179

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 COUNTY UTILITY AUTHORITY</u>	Latitude: <u>N 30° 33.738</u> Longitude: <u>W 089° 42.629</u>
Mailing Address: <u>PO BOX 699</u>	Method of Lat/Long (circle one): <u>30-33-40</u> Conventional Survey <u>89-42-39</u>
<u>PICAYUNE MS 39466</u>	USGS quad, <input type="checkbox"/> Hand-Held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip Code	<u>NE</u> ¼ <u>SW</u> ¼ Sec <u>32</u> Twn <u>6S</u> Rng <u>17 W</u>
Telephone No. (<u>601</u>) <u>799-5259</u>	<u>NW</u> <u>NW</u> Direction <u>65</u> Nearest Town
	Distance <u>3</u> Miles <u>WEST</u> of <u>PICAYUNE</u>

Well / Borehole Data

Date drilling started: 5/2/2009 Date well drilling completed: 6/27/2009 Hole Depth: 1150' Hole diameter: 29"

Location of the source of any surface water used for drilling: N/A

Method of dosing and volume of Chlorine used in drilling and development: N/A

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: 6' feet above or below (circle one) land surface Date measured: 6/29/2009

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

Well depth: 1150' Well grouted to a depth of: 1070' Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 1070 feet Casing diameter: 16 inches Type of casing: STEEL

Screen length: 70 feet Screen diameter: 10 inches Type of screen: 304 STAINLESS

Screen slot size: 0.020 inches Setting depth: From 1080 feet to 1150 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: 990 feet. *If telescoped or more than one screen, describe on next page.*

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BY: OLWR

W-252

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
YELLOW CLAY & SAND	0	75
SANDY BLUE CLAY	75	150
FINE SAND	150	195
BLUE CLAY	195	255
SAND & CLAY	255	390
CLAY	390	500
SAND (MEDIUM)	500	640
SANDY STREAKS & BLUE CLAY	640	730
BLUE SHALE	730	990
SAND (MEDIUM)	990	1195
SANDY SHALE	1195	1225

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.

NORTH

NOT TO SCALE

Landowner's Name: PEARL RIVER COUNTY UTILITY 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 0-692 8.9.12 Dave Cook
 Print Name of Responsible Licensee and License No. 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: W252
Well #: U179
Elevation: _____

County: PEARL RIVER
Permit #: MS-GW-16567
Driller: LAYNE CHRISTENSEN
Date Completed: 10/01/2009

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.

<p style="text-align: center;">Well Owner Information</p> <p>Owner Name <u>PEARL RIVER COUNTY UTILITY AUTHORITY</u> Mailing Address: <u>PO BOX 699</u> <u>PICAYUNE MS 39466</u> City State Zip Code Telephone No. (<u>601</u>) <u>799-5259</u></p>	<p style="text-align: center;">Well Location</p> <p>Latitude: <u>30-33-40</u> N 30° 33.738' 42" Longitude: <u>89-42-39</u> W 089° 42.689' Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-Held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ <u>NE</u> ¼ <u>SW</u> ¼ Sec <u>32</u> T <u>6S</u> <input checked="" type="checkbox"/> R <u>17W</u> <input checked="" type="checkbox"/> Distance Direction Nearest Town <u>3</u> Miles <u>WEST</u> of <u>PICAYUNE</u></p>
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<p style="text-align: center;">Pump Type Circle One</p> <p>Air Lift Jet Submersible Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>10/1/2009</u> Rated Pump Capacity <u>1000</u> Gallons Per Minute</p>	<p style="text-align: center;">Power Type Circle One</p> <p>Diesel Engine Gasoline Engine Natural Gas <input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>75</u> Setting Depth: <u>97</u> feet Number of Stages: <u>3</u></p>
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<p style="text-align: center;">Pump Test Data</p> <p>Date Well Tested: <u>3/2/2010</u> Static Water Level (A): <u>+ 5</u> Feet Below Land Surface Pumping Water Level (B): <u>22</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>17</u> Feet Below Land Surface Test Pumping Rate: <u>1073</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>25</u> hours</p>	<p style="text-align: center;">Method of Measuring Water Level Circle One</p> <p><input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape Other (specify): _____ For flowing well, measured shut in head: <u>15</u> feet Well yielded <u>1073</u> GPM with a drawdown of <u>15</u> feet after <u>25</u> hours of pumping</p>
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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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