

County: Pike
 Permit #: MS-GW-16086
 Driller: Griner Drilling Service
 Date drilling completed: 9/22/2006

Well Driller Report and Well 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 #: H-209
 L.S. Elevation: _____
 E-Log #: _____

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Magnolia Rural Water Association</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>PO Box 248</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Magnolia, MS 39648</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4</u> _____ <u>1/4 Sec</u> <u>20</u> <u>2n</u> <u>Rng</u> <u>8e</u>
Telephone No. <u>601-783-2008</u>	Distance: <u>2</u> Miles Direction: <u>east</u> of Nearest Town: <u>Magnolia</u>

Well Data

Purpose of Well (circle one) Home Industrial (Public Supply) Irrigation Fish Culture Other: Well #4

Date well drilling started: 7/17/2006 Date well drilling completed: 9-22-06

If flowing, method of flow regulation: _____ Other (describe) _____

Static Water Level: 93.67 feet above or (below) (circle one) land surface Date measured: 1-23-07

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

Hole depth: 310 Well depth: 300 Well grouted to a depth of 230 feet

Type of grout (circle one) Cement Bentonite (Mix)

Casing length: 230 feet Casing diameter: 16 inches Type of casing: Steel

Screen length: 60 feet Screen diameter: 10 inches Type of screen: Rod Base

Screen slot size: 0.016 inches Setting depth: From 240 feet to 300 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: 174 feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run (Electric) (Gamma Ray) Density Sonic Neutron Other: _____

Name of organization running log(s): Griner Drilling Service, Inc.

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Griner Drilling Service, Inc. 0-581
 Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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If well telescopes please sketch below and show depths

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 BY: OLWR

H-209

Ground Level

Description of Formations Encountered	From	To
sand	0	146
clay	146	187
sand	187	331

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) indicate direction.

#4
Pounds Road at elevated tank

Landowner Name: Magnolia Rural Water Association

Signature of Water Well Contractor

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STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County: Pike
 Permit #: _____
 Driller: Griner Drilling Service
 Date Completed: 1/23/2007

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For Office Use Only:
 Aquifer: _____
 Well #: H-209
 Elevation: _____

This report must be prepared by the pump installer in detail and filed with the Department with 30 days of the installation of pump. A copy of Part 1 of this report must be attached to the report.

Well Owner Information	Well Location
Owner Name <u>Magnolia Rural Water Association</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>PO Box 248</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Magnolia, MS 39648</u>	<u>1/4</u> <u>1/4</u> Sec <u>20</u> Twn <u>2n</u> Rng <u>8e</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____ 2 Miles east of Magnolia
Telephone No. <u>601-783-2008</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"/> Piton <input type="checkbox"/> Turbine <input 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>#4</u>
Other (specify): _____	Horse Power Rating of Motor: <u>25</u>
Date Pump Installed: <u>12/1/2006</u>	Setting Depth: <u>220</u> feet
Rated Pump Capacity: <u>300</u> Gallons per minute	Number of Stages: <u>6</u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: <u>1/23/2007</u>	Air Line <input type="checkbox"/> (Electric Measuring Line) <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>93.67</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B) <u>157.92</u> Feet Below Land Surface	
Drawdown ((B) - (A)): <u>64.25</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>311</u> Gallons Per Minute	Well yielded <u>311</u> GPM with a drawdown of
Duration of Pump test (minimum 4 hours): <u>4</u> hours	<u>64.3</u> feet after <u>4</u> hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Griner Drilling Service, Inc. 0-581
 Print Name of Pump Installer and License No. (if applicable) _____ Signature of Pump Installer _____

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 DEC 16 2008
 BY: OLWR