

County: Rankin
 Permit #: GW 16205
 Driller: Craig Quinn - DSC
 Date drilling completed: Nov 1, 2006

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 #: L-82
 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 (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Greenfield Water Assn.</u> Mailing Address: <u>458 Hwy 468</u> <u>Brandon MS 39042</u> City State Zip Code Telephone No. (601) <u>825-7178</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>32</u>° <u>14</u>' <u>19</u>" Longitude: <u>90</u>° <u>1</u>' <u>24</u>" Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 NE 1/4 Sec 31 Twn 5N Rng 3E</u> Distance Direction Nearest Town <u>2</u> Miles <u>S</u> of <u>Brandon</u></p>
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Well / Borehole Data

Date drilling started: 11-1-05 Date drilling completed: 11-1-06 Hole depth: 1455 Hole diameter: 22" to 1380 ^{576 to 1380} ^{22" underfoot to 1455}

Location of the source of any surface water used for drilling: City water line
 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): _____

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 NA Other (describe) _____

Static Water Level: 360 feet above or below (circle one) land surface Date measured: 9-11-2006
 Method of Measurement (circle one) steel tape electric tape _____ air line _____ other: _____

Well depth: 1455 Well grouted to a depth of 1380 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 1380 feet Casing diameter: 16 inches Type of casing: .375 wall Blacksteel
 Screen length: 70 feet Screen diameter: 10 inches Type of screen: Stainless steel 20 slot
 Screen slot size: .20 inches Setting depth: From 1385 feet to 1455 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: 1305 feet. *If telescoped or more than one screen, describe on next page*

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)

For Office Use Only:

Aquifer: _____
 Well #: L-82
 Elevation: _____

County: Rankin
 Permit #: OLW16205
 Driller: Donald Smith Co
 Date completed: Nov 6 2006
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>Greenfield Water Assn</u>	Latitude: <u>32° 14' 19"</u> Longitude: <u>90° 1' 24"</u>
Mailing Address: <u>458 HWY 468</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Brandon MS 39042</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 NE 1/4 Sec 31 T 5N R 3E</u>
Telephone No. <u>(601) 825-7178</u>	Distance Direction Nearest Town
	<u>2</u> Miles <u>S</u> of <u>Brandon</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"/> <u>Turbine</u> <input checked="" type="checkbox"/>	<u>Electric Motor</u> <input checked="" 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.S.</u>
Other (specify): <u>American Turbine</u>	Horse Power Rating of Motor: <u>250HP</u>
Date Pump Installed: <u>10-06</u>	Setting Depth: <u>500</u> feet
Rated Pump Capacity: <u>1007</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-11-06</u>	<u>Air Line</u> <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>360</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>451</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>NA</u> feet
Drawdown [(B) - (A)]: <u>91</u> Feet Below Land Surface	Well yielded <u>1007</u> GPM with a drawdown of
Test Pumping Rate: <u>1007</u> Gallons Per Minute	<u>91</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.

Ryan Herndon 0-700
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer