

For Office Use Only:

Aquifer: _____
Well #: P-116
L. S. Elevation: _____
E-Log #: _____

County: RANKIN
Permit #: MSGW-16415
Driller: LAYNE-CENTRAL
Date drilling completed: 8/1/08

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)

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>MONTEREY WATER ASSOCIATION</u> | Latitude: <u>N 32° 10.714'</u> Longitude: <u>W 90° 04.099'</u> |
| Mailing Address: <u>784 THOMASVILLE ROAD</u> | Method of Lat/Long (circle one): <u>43</u> Conventional Survey <u>07</u> |
| <u>FLORENCE</u> <u>MS</u> <u>39073</u> | USGS quad, <u>Hand-Held GPS</u> Survey-grade GPS |
| City State Zip Code | NW ¼ NW ¼ Sec <u>23</u> Twn <u>4N</u> Rng <u>2E</u> |
| Telephone No. (<u>601</u>) <u>932-2506</u> | Distance Direction Nearest Town |
| | <u>5</u> Miles <u>NE</u> of <u>FLORENCE</u> |

Well / Borehole Data

Date drilling started: 4/29/08 Date well drilling completed: 8/1/08 Hole Depth: 1715' Hole diameter: 12"

Location of the source of any surface water used for drilling: NONE (USED MONTEREY WATER ASSOCIATION)

Method of dosing and volume of Chlorine used in drilling and development: NONE

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

Name of organization running log(s): LAYNE CENTRAL, 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 N/A Other (describe) N/A

Static Water Level: 358 feet above below (circle one) land surface Date measured: 8/1/08

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

Well depth: 1405' Well grouted to a depth of: 1320' Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 1320 feet Casing diameter: 16 inches Type of casing: STEEL

Screen length: 80 feet Screen diameter: 10 inches Type of screen: STAINLESS

Screen slot size: 0.020 inches Setting depth: From 1325 feet to 1405 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: 1229 feet. *If telescoped or more than one screen, describe on next page.*

Form: OLWR-SWR-1A

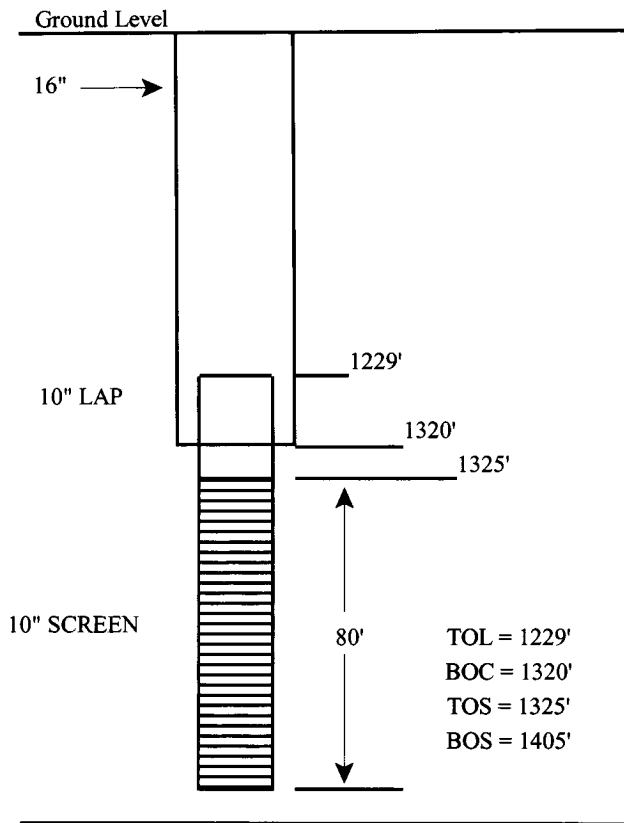
RECEIVED
APR 09 2009
BY: OLWR

P-116

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.

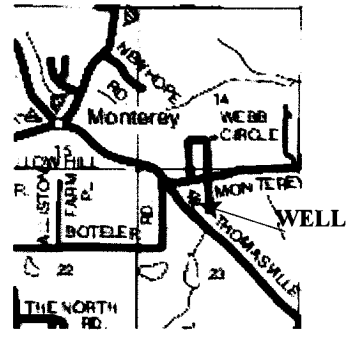
If well telescopes, show depths on sketch.



| Description of Formations Encountered | From | To |
|---------------------------------------|------|------|
| TOP SOIL | 0 | 5 |
| SAND | 5 | 60 |
| SANDY CLAY | 60 | 120 |
| HARD SHALE | 120 | 170 |
| CLAY & LIME STREAKS | 170 | 300 |
| BLUE CLAY | 300 | 720 |
| SANDY CLAY | 720 | 885 |
| HARD SHALE | 885 | 942 |
| SANDY SHALE | 942 | 1050 |
| SAND & CLAY STREAKS | 1050 | 1220 |
| FINE SAND | 1220 | 1270 |
| HARD SHALE | 1270 | 1305 |
| SAND & SHALE STREAKS/LIGNITE SOFT | 1305 | 1450 |
| CLAY & SHALE | 1450 | 1550 |
| SAND & LIGNITE SOFT | 1550 | 1600 |
| CLAY | 1600 | 1625 |
| SAND & HARD LIGNITE | 1625 | 1680 |
| CLAY | 1680 | 1715 |
| | | |
| | | |
| | | |
| | | |

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.



Landowner's Name: MONTEREY WATER ASSOCIATION

NOT TO SCALE

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

Date

Dave Cook

Signature of Licensee

APR 09 2003
BY: OLWR

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 #: P-116
Elevation: _____

County: RANKIN
Permit #: MS-GW-16415
Driller: LAYNE-CENTRAL
Date Completed: 3/16/09

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>MONTEREY WATER ASSOCIATION</u> | Latitude: <u>N 32° 10.714'</u> Longitude: <u>W 90° 04.099'</u> |
| Mailing Address: <u>784 THOMASVILLE ROAD</u> | Method of Lat/Long (check one): Conventional Survey _____ |
| <u>FLORENCE MS 39073</u> | USGS quad _____ Hand-Held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ |
| City State Zip Code | NW ¼ NW ¼ Sec <u>23</u> T <u>4N</u> R <u>2E</u> |
| Telephone No. (<u>601</u>) <u>932-2506</u> | Distance Direction Nearest Town |
| | <u>5</u> Miles <u>NE</u> of <u>FLORENCE</u> |

| Pump Type Circle One | Power Type Circle One |
|--|---|
| Air Lift Jet Submersible | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston <input type="checkbox"/> Turbine <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Electric Motor Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>250</u> |
| Date Pump Installed: <u>1/17/09</u> | Setting Depth: <u>470</u> feet |
| Rated Pump Capacity <u>1000</u> Gallons Per Minute | Number of Stages: <u>10</u> |

| Pump Test Data | Method of Measuring Water Level Circle One |
|---|--|
| Date Well Tested: <u>1/17/09</u> | Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape |
| Static Water Level (A): <u>360</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>402</u> Feet Below Land Surface | For flowing well, measured shut in head: <u>N/A</u> feet |
| Drawdown [(B) - (A)]: <u>42</u> Feet Below Land Surface | Well yielded <u>1013</u> GPM with a drawdown of |
| Test Pumping Rate: <u>1013</u> Gallons Per Minute | <u>42</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.

DAVE COOK 692
Print Name of Pump Installer and License No. (if applicable)

Dave Cook
Signature of Pump Installer

RECEIVED
APR 09 2009
BY: OLAR