

For Office Use Only:

Aquifer: _____
 Well #: R-102
 L. S. Elevation: _____
 E-Log #: _____

County: RANKIN
 Permit #: MS-GW-16180
 Driller: LAYNE-CENTRAL
 Date Drilling Completed: 2/24/06

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)

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.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name <u>SOUTHEAST RANKIN WATER ASSOC.</u>	Latitude: <u>N32° 09.440'</u> Longitude: <u>W089° 55.688'</u>
Mailing Address: <u>PO BOX 700</u>	Method of Lat/Long (circle one): <u>Hand-Held GPS</u> Conventional Survey <u>35 41</u>
<u>PUCKETT</u> <u>MS</u> <u>39151</u>	USGS quad, <u>Hand-Held GPS</u> Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4</u> Sec <u>30</u> Twn <u>4N</u> Rng <u>4E</u>
Telephone No. (<u>601</u>) <u>825-6992</u>	Distance Direction Nearest Town
	<u>9</u> Miles <u>SOUTHEAST</u> of <u>BRANDON</u>

Well Data

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

Date well drilling started: 12/20/05 Date well drilling completed: 2/24/06

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

Static Water Level: 306' feet above or below (circle one) land surface Date Measured: 5/22/06

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

Hole depth: 1701' Well depth: 1701' Well grouted to a depth of: 1655 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 1655 feet Casing diameter: 12 inches Type of casing: STEEL

Screen length: 40 feet Screen diameter: 8 inches Type of screen: STAINLESS STEEL

Screen slot size: 0.025 inches Setting depth: From 1660 feet to 1700 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: 1580 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): LAYNE-CENTRAL, JACKSON, MS

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

DAVE COOK 692
 Print Name of Water Well Contractor and License No.

Dave Cook
 Signature of Water Well Contractor

RECEIVED
 SEP 25 2006
 BY: OLWR

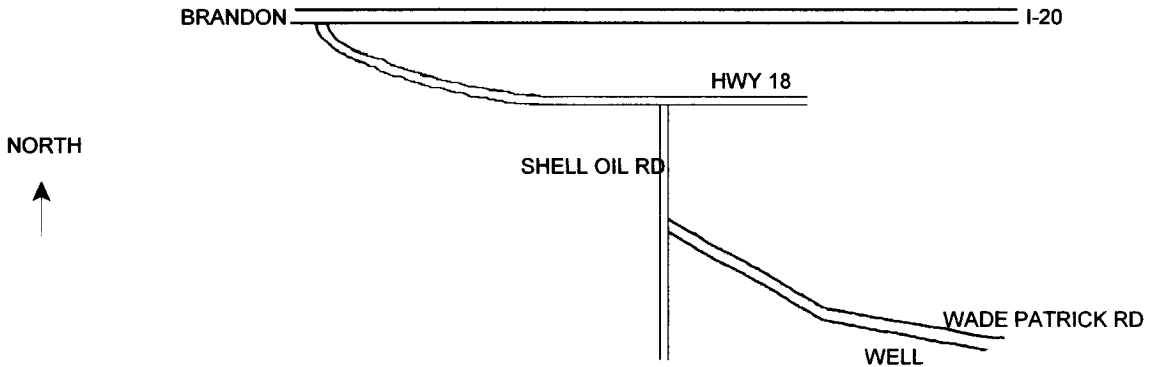
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Ground Level

Description of Formations Encountered	From	To
YELLOW CLAY & ROCK	0	30
BLUE CLAY	30	65
CLAY & SAND STREAKS	65	142
CLAY & FINE SAND, LIGNITE	142	190
CLAY & HARD LIME	190	296
CLAY	296	385
CLAY & HARD SHALE	385	787
SANDY CLAY & LIGNITE	787	888
CLAY	888	932
SANDY CLAY	932	977
CLAY	977	1033
CLAY & HARD SHALE	1033	1107
CLAY	1107	1242
CLAY & SAND W/ LIGNITE	1242	1395
CLAY & LIGNITE, SAND	1395	1570
CLAY & SAND STREAKS	1570	1650
SAND & LIGNITE	1650	1710
CLAY & HARD SHALE	1710	1765

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.



Landowner's Name: SOUTHEAST RANKIN WATER ASSOCIATION

NOT TO SCALE

David Boh

Signature of Water Well Contractor

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
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For Office Use Only:

Aquifer: _____
 Well #: R-102
 Elevation: _____

County: RANKIN
 Permit #: MS-GW-16180
 Driller: LAYNE-CENTRAL
 Date Completed: 2/24/06

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

Well Owner Information	Well Location
Owner Name: <u>SOUTHEAST RANKIN WATER ASSOC.</u>	Latitude: <u>N32 ° 09.440 ' "</u> Longitude: <u>W089 ° 55.688 ' "</u>
Mailing Address: <u>PO BOX 700</u>	Method of Lat/Long (check one): <u>09 26</u> Conventional Survey <u>38 91</u>
<u>PUCKETT</u> <u>MS</u> <u>39151</u>	USGS quad _____ Hand-Held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>NE</u> ¼ <u>SW</u> ¼ Sec <u>30</u> T <u>4N</u> R <u>4E</u>
Telephone No. (<u>601</u>) <u>825-6992</u>	Distance Direction Nearest Town
	<u>9</u> Miles <u>SOUTHEAST</u> of <u>BRANDON</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 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>100</u>
Date Pump Installed: <u>5/22/06</u>	Setting Depth: <u>420</u> feet
Rated Pump Capacity <u>500</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: <u>8/29/06</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>314</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>350.17</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>36.17</u> Feet Below Land Surface	Well yielded <u>498</u> GPM with a drawdown of
Test Pumping Rate: <u>498</u> Gallons Per Minute	<u>36.17</u> feet after <u>24</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>24</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