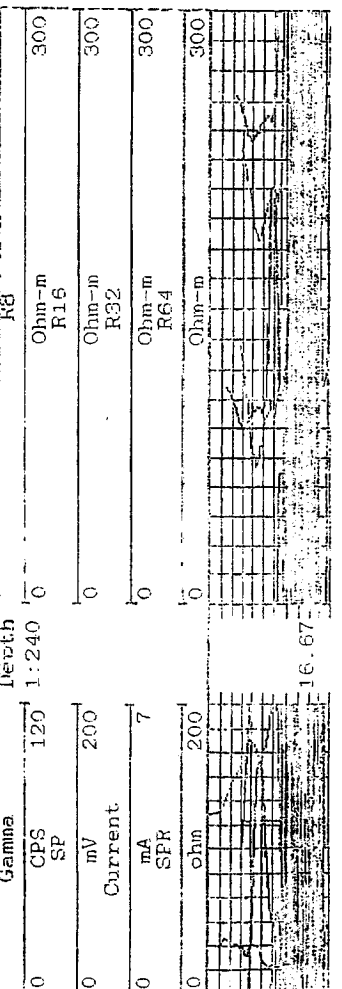


M-68 Scott Co

GRINER DRILLING SERVICE		GRINER DRILLING SERVICE Inc.			
		COLUMBIA, MISS. (800) 221-4098			
		MOBILE, ALA. (800) 592-9355			
		RAYNE, LA. (888) 840-6747			
CO. SCR WELL TEST WELL FLD SCOTT COUNTY CTV LAKE STE MS FILING No	COMPANY SRG		WELL ID TEST WELL		
	FIELD SCOTT COUNTY		COUNTRY STATE MS		
LOCATION 714 HOLLINGSWORTH DR LAKE, MS 39092		OTHER SERVICES			
1MSGW 16949					
PERMANENT DATUM		ELEVATION 450 FT O/L		K.B.	
LOG MEAS. FROM G/L		ABOVE PERM. DATUM		D.F.	
DRILLING MEAS. FROM G/L				G.L.	
DATE	8-9-12	TYPE FLUID IN HOLE		GEL	
RUN No	ONE	SALINITY			
TYPE LOG	ELOG, GAMMA	DENSITY			
DEPTH-DRILLER	1,117 FT.	LEVEL			
DEPTH-LOGGER	1164 FT.	MAX. REC. TEMP			
BTM LOGGED INTERVAL	1164 FT.	LONGITUDE		N32.23.000	
TOP LOGGED INTERVAL	7.59 FT.	LATITUDE		W089.22.083	
OPERATING RIG TIME					
RECORDED BY	BRANT ORDER				
WITNESSED BY	THAD SHOWS				
RUN BOREHOLE RECORD		CASING RECORD			
NO.	BIT FROM TO	SIZE	WGT.	FROM	TO



~~Lat/Long 32.383333, -89.366631~~

County: Scott
 Permit #: 16949
 Driller: Donald Smith Co
 Date drilling completed: 12/20/12

STATE WELL REPORT

Part I
 Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225-2309
 (601)961-5210
 (601)360-0535 (fax)

For Office Use Only:
 Well #: M-68
 Aquifer: _____
 E-Log #: _____

0620023.03

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.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>SRG WA</u>	Latitude: 32-22-00 Longitude: 89-22-00 <u>32-22-59.9</u> <u>89-22-04.8</u>
Mailing Address: <u>714 Hollingsworth Ave</u> <u>Steel-Ringgold-Goodhope</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
Forest <u>ms</u>	<u>SW</u> <u>SW</u> <u>3</u> T <u>6N</u> R <u>9E</u>
City _____ State _____ Zip Code _____	Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

location from
aerial photo
JPM
8-5-15

Well / Borehole Data

Date drilling started: 7/19/12 Date drilling completed: 12/20/12 Hole depth: 1104 Hole diameter: 9 7/8"

Location of the source of any surface water used for drilling: Public Water Supply

Method of dosing and volume of Chlorine used in drilling and development: Potable water used

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

Name of organization running log(s): Griner

Purpose of borehole (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

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

Static Water Level: 244' feet (above or below land surface) (circle one) Date measured: 12/06/12

Method of measurement (circle one): Steel tape Air line Other (describe): _____

Well depth: 993' Well grouted to a depth of: 935' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 935' feet Casing diameter: 12 inches Type of casing: Carbon Steel

Screen length: 50' feet Screen diameter: 8 inches Type of screen: SS

Screen slot size: .030 inches Setting depth: From 935' feet to 943' feet

Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: 877' feet

If telescoped or more than one screen, describe on next page

Rec'd by SWSRP
9/16/2014
from Ralph
© MS D&T

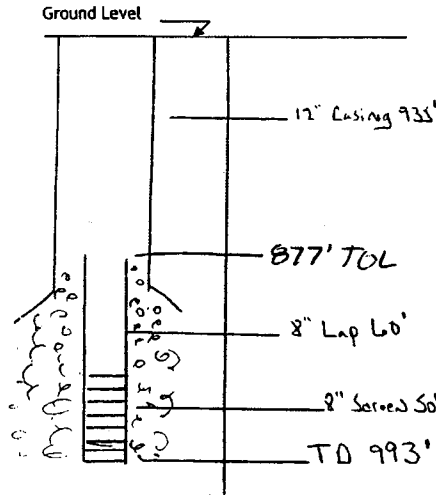
993' Screen TD, 50' Screen, 943' Top Screen
66' Lap, Top Lap 877'

County: Scott
 Permit #: 16949

For Office Use Only:
 Well #: M 68

The sketch below only required for water wells

If well telescopes, show depths on sketch.



If more than one screen, show location of each on sketch

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground level	
Clay	0	20
Sandy Clay	20	23
Chalk	23	27
Sand w/ lignite + Shell	27	202
Sandy Grey Clay	202	236
Clay	236	294
Rock	294	294.5
Sand + Shell	294.5	296
Hard Rock	296	296.5
Sand w/ Strk of Clay + Shell	296.5	300
Sandy Clay	300	388
Tough Clay	388	399
Sand w/ lignite + some Small Gravel	399	517
Sandy Clay	517	643
Rock	643	643.5
Green Sand w/ Strk of Clay + Hard Shell	643.5	682
see attached		

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) north arrow

Landowner Name: SRG Water Assoc.

I HEREBY 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.

Print Name of Responsible Licensee and License No. _____ Date _____ Signature of Licensee _____

GW 16949
M-600 Scott Co

SRG Water Association
DRILLER'S LOG

<u>Feet</u>	<u>Description</u>
682' - 682.5'	Hard Rock
682.5' - 855'	Sandy Brittle Clay w/Shell "Hard"
855' - 867'	Clay
867' - 887'	Sandy Clay
887' - 906'	Sand & Shell w/Clay
906' - 922'	Sandy Clay
922' - 1060'	Sand w/Streaks of Clay & Shell
1060' - 1117'	Mostly Clay w/Streaks of Shell

STATE WELL REPORT

Part 2

County: Savitt
 Permit #: 16949
 Driller: Donald Smith Co.
 Date completed: 3/23/13
Copy information from block on Part 1

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) 360-0535 (fax)

For Office Use Only:
 Well #: M168
 Aquifer: _____

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>SRG WA</u>	Latitude: 30.22.083 Longitude: 90.23.000
Mailing Address: <u>714 Hollingsworth</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Steele-Ringgold - Goodhope WA</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
Forest: _____ MS _____	<u>SW</u> 1/4 <u>SW</u> 1/4, Sec. <u>3</u> T. <u>6N</u> R. <u>9E</u>
City _____ State _____ Zip Code _____	Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

32-22-59.9
89-22-04.8

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 3/05/13 Rated Pump Capacity: 500 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 100 Setting Depth: 380 feet Number of Stages: 12

Pump Test Data for Non Flowing Well

Date Well Tested: 12/07/12 Duration of Pump Test (minimum 4 hours): 24 hours

Static Water Level (A): 244 Feet Below Land Surface Pumping Water Level (B): 325 Feet Below Land Surface

Drawdown [(B) - (A)]: 81 Feet Below Land Surface Test Pumping Rate: 536 Gallons Per Minute

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.

Well yielded 166 GPM with a drawdown of 81 feet after 24 hours of pumping @ 536 gpm

Meter Installation

Meter Manufacturer: Mcrometer Meter Serial Number: 20130112

Meter Model Number/Name: M204 6" Type of Meter: Propellar

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: 3/06/13 Meter installed by: Donald Smith Co.

Is This Meter (circle one): New Repaired Replacement

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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

Print Name of Pump Installer and License No. (if applicable) _____ Date _____ Signature of Pump Installer _____