

MAY 15-2008 09:04 From: MID SOUTH WATER

6628431717

To: 601 360 0535

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1-8-07

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)

County: Simpson
Permit #: MS-60-16397
Driller: David Canady
Date drilling completed: 12-20-07

For Office Use Only:
Aquifer: _____
Well #: C-85
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.

| Information on Well Owner <i>(Unknown if borehole is not for a water well)</i> | Well or Borehole Location |
|---|---|
| Owner Name: <u>Town of Braxton</u> | Latitude: <u>32° 01' 33"</u> Longitude: <u>89° 57' 15"</u> |
| Mailing Address: <u>P.O. Box 180429</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Richland</u> MS <u>39218</u> | <u>NE 1/4 SE 1/4 Sec 10 Twa 2N Rng 3E</u> |
| City State Zip Code | Distance Direction Nearest Town _____ Miles _____ of <u>Braxton</u> |
| Telephone No: <u>(601) 842-1879</u> | |

Well / Borehole Data

Date drilling started: 11-12-07 Date drilling completed: 12-20-07 Hole depth: 1139' Hole diameter: 21"

Location of the source of any surface water used for drilling: Fire hydrant in front of Fire Station

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): Mark League

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 _____ Other (describe) _____

Static Water Level: 211 feet above or below (circle one) land surface Date measured: 12-20-07

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

Well depth: 1139' Well grouted to a depth of 10 feet Type of grout (circle one): Quat Cement Bentonite Mix

Casing length: 1070 feet Casing diameter: 10" inches Type of casing: Steel

Screen length: 60 feet Screen diameter: 6" inches Type of screen: Stainless Steel

Screen slot size: .010 inches Setting depth: From 1070 feet to 1130 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: 50 feet. *If telescoped or more than one screen, describe on next page*

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C-85

AXED

The sketch below only required for water wells

If well telescopes, show depths on sketch.

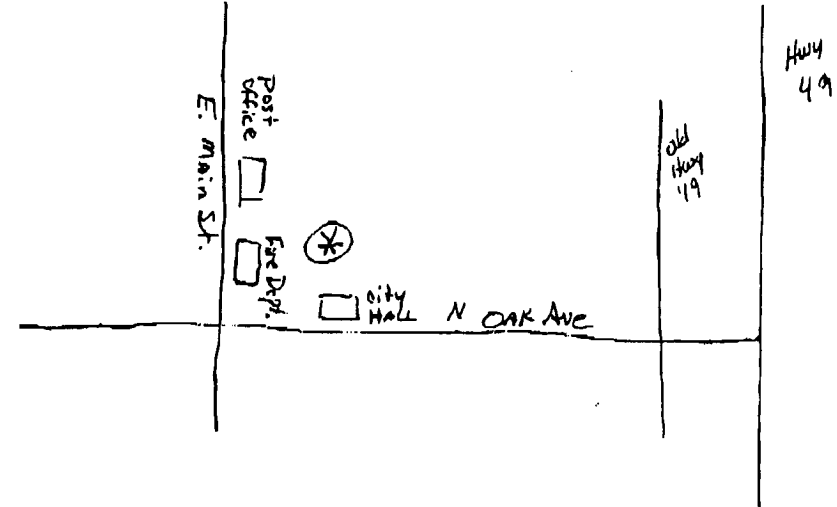
Ground Level →

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) |
|---------------------------------------|--------------|------------|
| Clay | Ground Level | 125 |
| Sandy Clay | 125 | 179 |
| Sand | 179 | 243 |
| Sandy Clay | 243 | 306 |
| Clay w/ Sand & Lignite Str. | 306 | 494 |
| Clay | 494 | 898 |
| Clay w/ Sandy Shale Str. | 898 | 1048 |
| Sand | 1048 | 1156 |
| Shale | 1156 | 171 |
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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 Name: Town of Braxton

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.

Print Name of Responsible Licensee and License No. Thomas G. Chestman 0-703

Date 4/3/08

Signature of Licensee Thomas G. Chestman

Signature of Licensee

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6628431717

To:601 360 0535

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#720

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 # C-85
 Elevation _____

County Simpson
 Permit # _____
 Driller Wes Mc Murry
 Date completed: 4-22-08
 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

Owner Name: Town of Braxton
 Mailing Address: P.O. Box 180429
Richland MS 39218
 City State Zip Code
 Telephone No. (601) 847-1879

Well Location

Latitude: N 32° 01' 33" Longitude: W 89° 51' 15"
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
SE 1/4 NE 1/4 Sec 11 T14N R4E
 Distance _____ Direction _____ Nearest Town _____
 _____ Miles _____ of _____

Pump Type Circle one

Air Lift _____ Jet _____ Submersible _____
 Bucket _____ Piston _____ Turbine _____
 Centrifugal _____ Rotary _____ Flowing Well _____
 Other (specify): _____
 Date Pump Installed: 4-22-08
 Rated Pump Capacity: 250 Gallons Per Minute @ 60 psi

Power Type Circle one

Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
 Electric Motor _____ Hand _____ Tractor PTO _____
 Windmill _____ Other (specify): _____
 Horse Power Rating of Motor: 10
 Setting Depth: 300 feet
 Number of Stages: 14

Pump Test Data

Date Well Tested: 4-24-08
 Static Water Level (A): 211 Feet Below Land Surface
 Pumping Water Level (B): 238 Feet Below Land Surface
 Drawdown (B) - (A): 22 Feet Below Land Surface
 Test Pumping Rate: 261 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level Circle one

Air Line _____ Electric Measuring Line _____ Steel Tape _____
 Other (specify): _____
 For flowing well, measured shut in head: N/A feet
 Well yielded 261 GPM with a drawdown of 22 feet after 4 hours of pumping

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

Clayton Miller 0-703
 Print Name of Pump Installer and License No. (if applicable)

Clayton Miller
 Signature of Pump Installer