

County: SIMPSON
 Permit #: MS-GW-15972
 Driller: LAYNE-CENTRAL
 Date Drilling Completed: 11/17/05

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)

For Office Use Only:
 Aquifer: _____
 Well #: G-43
 L. S. Elevation: _____
 E-Log #: _____

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>SHIVERS WATER ASSOCIATION</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1716 SHIVERS ROAD</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey
<u>PINOLA</u> <u>MS</u> <u>39149</u>	USGS quad, <input type="radio"/> Hand-Held GPS, <input type="radio"/> Survey-grade GPS
City State Zip Code	<u>SW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ Sec <u>23</u> Twn <u>1N</u> Rng <u>2E</u>
Telephone No. (<u>601</u>) <u>847-2342</u>	Distance Direction Nearest Town
	<u>6</u> Miles <u>WEST</u> of <u>PINOLA</u>

Well Data

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

Date well drilling started: 11/14/05 Date well drilling completed: 11/17/05

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

Static Water Level: 112 feet above or below (circle one) land surface Date Measured: 5/17/06

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

Hole depth: 295 Well depth: 295 Well grouted to a depth of: 255 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 255 feet Casing diameter: 16 inches Type of casing: COATED STEEL

Screen length: 30 feet Screen diameter: 10 inches Type of screen: STAINLESS STEEL

Screen slot size: 0.020 inches Setting depth: From 265 feet to 295 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: 10" PVC LAP TO SURFACE 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): LOG ON ADJACENT TEST WELL (BY OTHERS) BY STATE.

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

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 BY: OLWR

G-

Ground Level

Description of Formations Encountered	From	To
RED CLAY	0	8
RED SAND & GRAVEL	8	62
BLUE CLAY & SAND STREAKS	62	255
FINE SAND & CLAY STREAKS	255	290
BLUE CLAY	290	300

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.

NORTH
↑

Landowner's Name: SHIVERS WATER ASSOCIATION, INC. NOT TO SCALE

Dave Cook
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
 (601) 354-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: G-43
 Elevation: _____

County: SIMPSON
 Permit #: MS-GW-15972
 Driller: LAYNE-CENTRAL
 Date Completed: 11/17/05

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>SHIVERS WATER ASSOCIATION</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1716 SHIVERS ROAD</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>PINOLA</u> <u>MS</u> <u>39149</u>	USGS quad _____ Hand-Held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>SW</u> ¼ <u>SE</u> ¼ Sec <u>23</u> T <u>1N</u> R <u>2E</u>
Telephone No. (<u>601</u>) <u>847-2342</u>	Distance Direction Nearest Town
	<u>6</u> Miles <u>WEST</u> of <u>PINOLA</u>

Pump Type Circle One	Power Type Circle One
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input checked="" type="checkbox"/> Turbine	<input checked="" type="checkbox"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>5/5/06</u>	Setting Depth: <u>220</u> feet
Rated Pump Capacity <u>329</u> Gallons Per Minute	Number of Stages: <u>13</u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: <u>5/17/06</u>	<input checked="" type="checkbox"/> Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>112</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>167</u> Feet Below Land Surface	
Drawdown [(B) - (A)]: <u>55</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>329</u> Gallons Per Minute	Well yielded <u>329</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	<u>55</u> feet after <u>24</u> hours of pumping

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

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 SEP 07 2006
 BY: OLWR