

Part 2 never received 4/13

State Well Report

Part 1 - Driller's Log

County: Smith County
 Permit #: 6W16353
 Driller: Donald Smith Company/Craig Quinn
 Date drilling completed: 9/30/07

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 #: K-35
 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>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Center Ridge Water Association</u>	Latitude: <u>31° 59' 55"</u> Longitude: <u>89° 31' 17"</u>
Mailing Address: <u>P.O. Box 727</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Raleigh MS 39153</u> City State Zip Code	<u>SE</u> ¼ <u>NW</u> ¼ Sec <u>19</u> Twn <u>2N</u> Rng <u>8E</u>
Telephone No. <u>(601) 782-4321</u>	Distance Direction Nearest Town <u>4</u> Miles <u>West</u> of <u>Raleigh</u>

Well / Borehole Data

Date drilling started: 6/07 Date drilling completed: 9/07 Hole depth: 1425 Hole diameter: 97/8

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: _____

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): DEQ

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 NA Other (describe) NA

Static Water Level: 362 feet above or below (circle one) land surface Date measured: 9/10/07

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

Well depth: 1385 Well grouted to a depth of 1255 feet Type of grout (circle one): Neat Cement _____ Bentonite _____ Mix _____

Casing length: 1255 feet Casing diameter: 12 inches Type of casing: Black Steel Grade B

Screen length: 115 feet Screen diameter: 8' inches Type of screen: 304 Stainless Wire Wrap

Screen slot size: .20 inches Setting depth: From 1260 feet to 1385 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: 1140 feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A
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K-35

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →

6016353

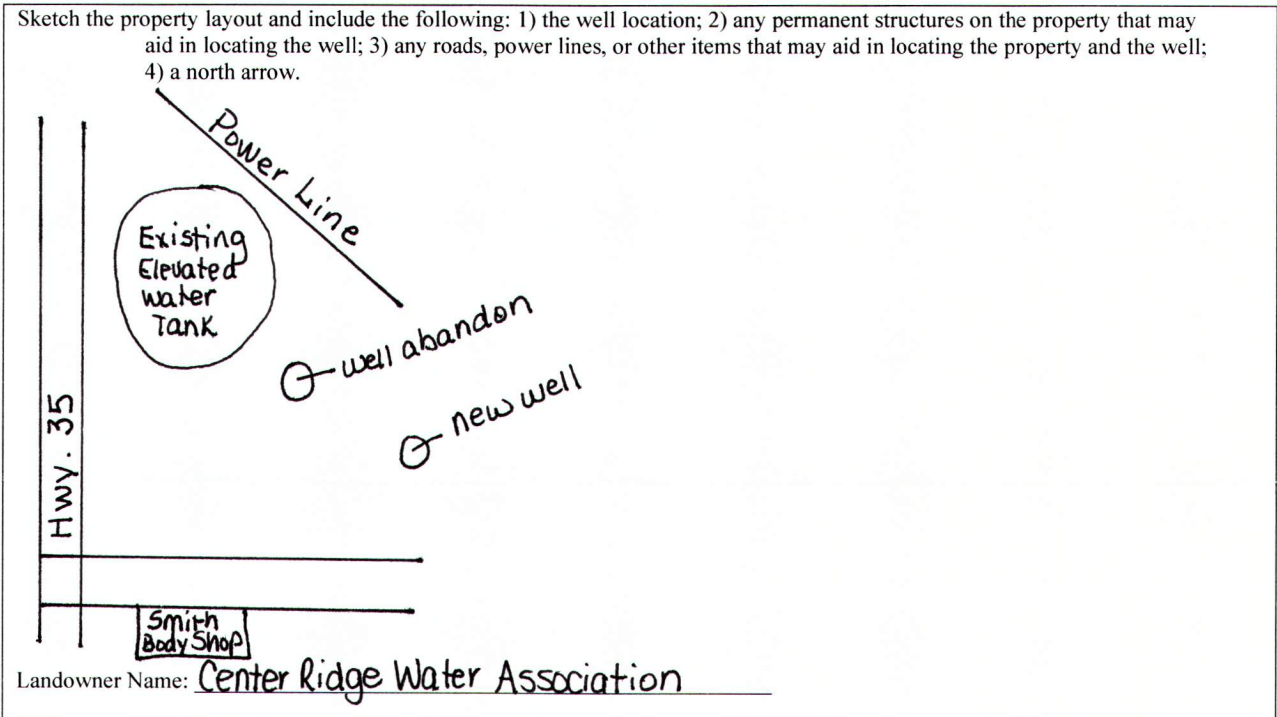


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Red Sand	Ground Level	30
Red Sand / Peg-Gravel	30	60
Brown Clay	60	91
Grey Clay	91	185
Sandy w/ Clay Streaks	185	287
Grey Clay	287	770
Sandy Clay Streaks	770	953
Clay / Shale Streaks	953	1106
Shale / Rock	1106	1138
Clay / Sand Streaks	1138	1250
Sand	1250	1400
Clay	1400	1425

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: Center Ridge Water Association

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. Ryan Herndon 0-700 Date _____

Signature of Licensee _____

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