

County: Stone
 Permit #: GW-16196
 Driller: Griner Drilling Service
 Date drilling completed: 9/12/2006

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-120
 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.

| Well Owner Information | | | Well Location | | |
|------------------------|--------------------------------------|----------|---|--|---|
| Owner Name | <u>Sunflower Utility Association</u> | | Latitude: <u>89</u> <u>6</u> <u>587w</u> | Longitude: <u>30</u> <u>40</u> <u>322n</u> | |
| Mailing Address: | <u>PO Box 184</u> | | Method of Lat/Long (circle one): <u>Conventional Survey</u> | | |
| | <u>Mc Henry, MS 39561</u> | | USGS quad, Hand-held GPS, Survey-grade GPS | | |
| City | State | Zip Code | <u>1/4</u> | <u>1/4</u> Sec | <u> </u> Twn <u> </u> Rng <u> </u> |
| Telephone No. | <u>601-928-3548</u> | | Distance | Direction | Nearest Town |
| | | | <u>2</u> Miles | <u>south</u> of | <u>Perkinston</u> |

Well Data

Purpose of Well (circle one) Home Industrial (Public Supply) Irrigation Fish Culture Other: #2, Wire road

Date well drilling started: 6/1/2006 Date well drilling completed: 9-12-06

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

Static Water Level: 199.03 feet above or (below) (circle one) land surface Date measured: 9-12-06

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

Hole depth: 1230 Well depth: 1220 Well grouted to a depth of 1160 feet

Type of grout (circle one) Cement Bentonite (Mix)

Casing length: 1160 feet Casing diameter: 12 inches Type of casing: Steel

Screen length: 50 feet Screen diameter: 8 inches Type of screen: Rod Base

Screen slot size: 0.02 inches Setting depth: From 1170 feet to 1220 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: 1090 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): Griner Drilling Service, Inc.

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

Griner Drilling Service, Inc. 0-581
 Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

If well telescopes please sketch below and show depths

G-120

Ground Level

| Description of Formations Encountered | From | To |
|---------------------------------------|------|------|
| sand | 0 | 126 |
| clay | 126 | 266 |
| sand | 266 | 450 |
| clay | 450 | 770 |
| sand | 770 | 856 |
| clay | 856 | 1064 |
| sand | 1064 | 1104 |
| clay | 1104 | 1137 |
| sand | 1137 | 1300 |
| clay | 1300 | 1318 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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.

Wire Road

Landowner Name: _____ Sunflower Utility Association _____

Signature of Water Well Contractor _____

STATE WELL REPORT
Part 2
Pump Installer's Completion Report

| | |
|-----------------|-------------------------|
| County: | Stone |
| Permit #: | |
| Driller: | Griner Drilling Service |
| Date Completed: | 12/15/2006 |

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-120 |
| Elevation: | |

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

| | |
|--|---|
| Well Owner Information | Well Location |
| Owner Name: Sunflower Utility Association | Latitude: 89 6 587w Longitude: 30 40 322n |
| Mailing Address: PO Box 184 McHenry, MS 39561 | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| City: State: Zip Code: | 1/4 1/4 Sec Twn Rng |
| Telephone No. 601-928-3548 | Distance Direction Nearest Town 2 Miles south of Perkinson |

| | |
|---|---|
| Pump Type Circle one | Power Type Circle one |
| Air Lift Jet Submersible | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piton (Turbine) | (Electric Motor) Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): |
| Other (specify): | Horse Power Rating of Motor: 60 |
| Date Pump Installed: 11/20/2006 | Setting Depth: 280 feet |
| Rated Pump Capacity: 400 Gallons per minute | Number of Stages: 8 |

| | |
|--|--|
| Pump Test Data | Method of Measuring Water Level Circle One |
| Date Well Tested: 9/12/2006 | Air Line (Electric Measuring Line) Steel Tape |
| Static Water Level (A): 199.03 Feet Below Land Surface | Other (specify): |
| Pumping Water Level (B): 6.99 Feet Below Land Surface | For flowing well, measured shut in head: feet |
| Drawdown {(B) - (A)}: 206.02 Feet Below Land Surface | Well yielded 401 GPM with a drawdown of |
| Test Pumping Rate: 401 Gallons Per Minute | 8.99 feet after 24 hours of pumping |
| Duration of Pump test (minimum 4 hours): 24 hours | |

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

Griner Drilling Service, Inc. 0-581
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer