

0660002-03

County: Stone
 Permit #: MS 6W-16737
 Driller: Lyman Well
 Date drilling completed: 2/29/2012

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961- 5210
 (601)961- 5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: K65
 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 (Landowner if borehole is not for a water well) | Well or Borehole Location |
|------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Owner Name: <u>McHenry Water Association</u> | Latitude: <u>30° 42' 53" N</u> Longitude: <u>89° 08' 31" W</u> |
| Mailing Address: <u>PO Box 23</u> | Method of Lat/Long (circle one): Conventional Survey, _____ |
| <u>McHenry</u> <u>MS</u> <u>39561</u> | USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| City State Zip Code | <u>NE</u> 1/4 <u>SE</u> 1/4 Sec <u>12</u> Twn <u>45</u> Rng <u>12W</u> |
| Telephone No. <u>(601) 528 5542</u> | Distance _____ Direction _____ Nearest Town _____ |
| | Miles _____ of _____ |

Well / Borehole Data

Date drilling started: 12/1/11 Date drilling completed: 2/29/2012 Hole depth: 900 Hole diameter: 18"

Location of the source of any surface water used for drilling: McHenry Water Association

Method of dosing and volume of Chlorine used in drilling and development: Granular

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

Name of organization running log(s): MDEQ

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: 200' feet above or below (circle one) land surface Date measured: 2/28/2012

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

Well depth: 891 Well grouted to a depth of 810 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 810 feet Casing diameter: 12" inches Type of casing: steel

Screen length: 70 feet Screen diameter: 6x8 inches Type of screen: munipack

Screen slot size: .012 inches Setting depth: From 820 feet to 890 feet

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

Other (describe): _____

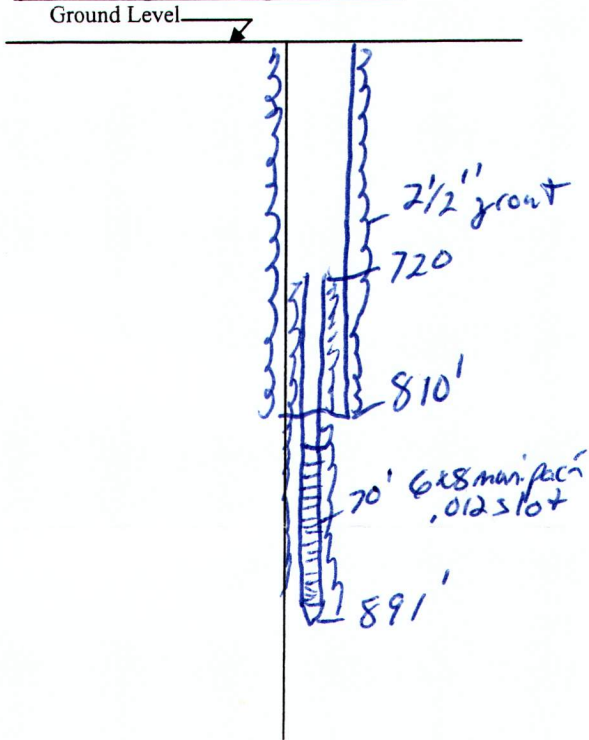
Top of lap pipe or reduction in casing: 720 feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A (04/08)

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

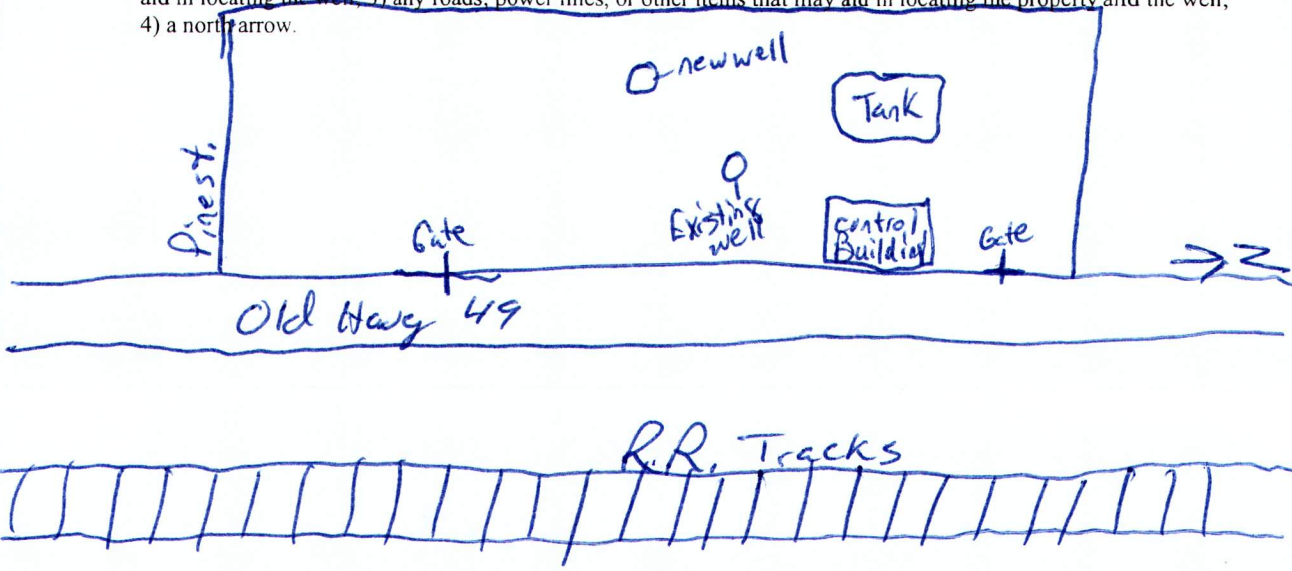


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| | Ground Level | 10 |
| red clay | 10 | 80 |
| sand | 80 | 215 |
| clay | 215 | 340 |
| sand | 340 | 420 |
| clay | 420 | 480 |
| sand | 480 | 500 |
| clay | 500 | 560 |
| sand | 560 | 805 |
| clay | 805 | 900 |
| sand | | |
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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: McHenry Water Association

Form: OLWR-SWR-1A (04/08)

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.

Josh Hadger 0-640 2/29/2012 [Signature]

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

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STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Stone
 Permit #: MS-6W-16737
 Driller: Lynan Well
 Date completed: 3/15/2012
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: K65
 Elevation: _____

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>McHenry Utilities Association</u> | Latitude: <u>304253^N</u> Longitude: <u>890831^W</u> |
| Mailing Address: <u>P.O. Box 23</u> | Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> , USGS quad _____, Hand-held GPS <input type="checkbox"/> , Survey-grade GPS <input checked="" type="checkbox"/> |
| <u>McHenry</u> <u>MS</u> <u>39561</u> | <u>NE</u> 1/4 <u>SE</u> 1/4 Sec <u>12</u> T <u>4S</u> R <u>12W</u> |
| City State Zip Code | <u>SE</u> <u>NE</u> |
| Telephone No: <u>(601) 528-5542</u> | Distance _____ Miles Direction _____ of Nearest Town _____ |

| Pump Type | Power Type |
|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Circle one | Circle one |
| Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> | Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> |
| Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/> | <u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> |
| Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> | Windmill <input type="checkbox"/> Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>75</u> |
| Date Pump Installed: <u>3/15/2012</u> | Setting Depth: <u>270</u> feet |
| Rated Pump Capacity: <u>500</u> Gallons Per Minute | Number of Stages: <u>9</u> |

| Pump Test Data | Method of Measuring Water Level |
|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| Circle one | Circle one |
| Date Well Tested: <u>4/4/2012</u> | Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/> |
| Static Water Level (A): <u>200</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>224</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>24</u> Feet Below Land Surface | Well yielded <u>600</u> GPM with a drawdown of |
| Test Pumping Rate: <u>600</u> Gallons Per Minute | <u>24</u> feet after <u>4</u> hours of pumping |
| Duration of Pump Test (minimum 4 hours): <u>4</u> hours | |

This is for (circle one) New Well Replacement of Existing Pump Repair of Existing Pump

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

Josh Lecher 0-640 Josh Lecher
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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