

DEC-16-2005 14:47

FROM-LAYNE CENTRAL COMPANY

9017284872

T-853 P.001/002 F-867

State Well Report Part 1 - Driller's Log

County: Union
 Permit #: MS-GW-16294
 Driller: Layne Christensen Co.
 Date drilling completed: 11/11/05

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 #: E-29
 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) Owner Name: <u>Keownville Water Association</u> Mailing Address: <u>1669 Highway 30 East</u> <u>New Albany</u> MS <u>38652</u> City State Zip Code Telephone No. <u>(662) 728-2101</u>		Well or Borehole Location Latitude: <u>34° 32' 50.4"</u> Longitude: <u>88° 47' 22W"</u> N Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad: <u>(Hand-held GPS)</u> Survey-grade GPS <u>SW 1/4 NE 1/4 Sec 20 Twn 6S Rng 5E</u> Distance Direction Nearest Town <u>1/2</u> Miles <u>E</u> of <u>Hwy 30 / Hwy 9 Junction</u>
---	--	--

Well / Borehole Data

Date drilling started: 6/27/05 Date drilling completed: 11/11/05 Hole depth: 890 Hole diameter: 9-7/8"

Location of the source of any surface water used for drilling: None
 Method of dosing and volume of Chlorine used in drilling and development: Added to drilling water / 55 gallons

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

Purpose of borehole (check one): Water Well X 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 _____ X Irrigation _____ Fish Culture _____ Other: _____
 If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 192 feet above or below (circle one) land surface Date measured: 11/11/05
 Method of Measurement (circle one) steel tape (electric tape) air line other: _____

Well depth: 846 Well grouted to a depth of 771 feet Type of grout (circle one): (Neat Cement) Bentonite Mix
 Casing length: 771 feet Casing diameter: 10 inches Type of casing: Black Steel
 Screen length: 70 feet Screen diameter: 6 inches Type of screen: 304 Stainless Steel
 Screen slot size: 0.025 inches Setting depth: From 771 feet to 841 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: 658 feet. *If telescoped or more than one screen, describe on next page*

E-29

DEC-16-2005 14:47 FROM-LAYNE CENTRAL COMPANY

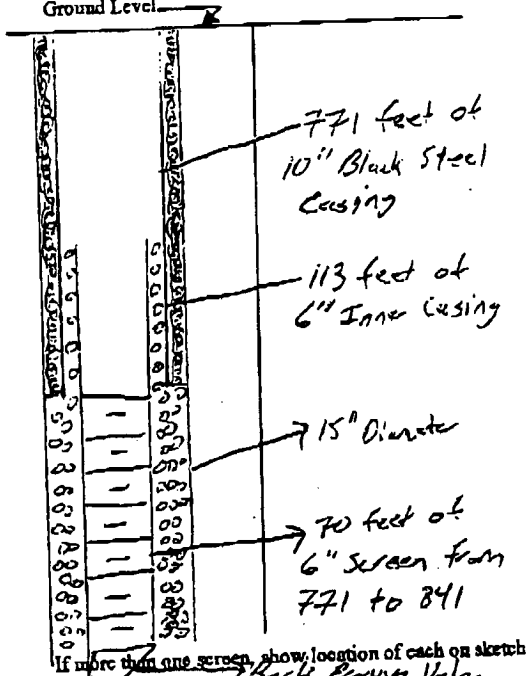
8017284872

T-853 P.002/002 F-867

The sketch below only required for water wells

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

If well telescopes, show depths on sketch



Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
Brown Clay	0	17
Hard Blue Clay	17	55
Hard Gray Clay	55	165
Gray Clay & Rock Streaks	326	387
Hard Rock	387	389
Hard Shale & Rock Streaks	389	423
Hard Rock	423	425
Fine Sand, Shale & Rock Streaks	425	503
Fine Sand, Soft Clay & Lignite Streaks	503	766
Hard Rock, Fine Sand & Clay Streaks	766	781
Hard Rock, Sand & Clay	781	842
Turk Rock, Clay & Sand	842	890

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: Keownville 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. WAYNE CAGLEY 11/21/05

Signature of Licensee *Wayne Cagley*

JAN-09-2008 09:33AM FROM-LAYNE CENTRAL COMPANY

8017284872

T-849 P.002/002 F-394

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 #: E-29

Elevation: _____

County: Union
 Permit #: _____
 Driller: Layne Christensen Co.
 Date completed: 9/18/2006
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	Well Location
Owner Name: <u>Keownville Water Association</u>	Latitude: <u>34° 32' 50.4</u> Longitude: <u>88° 47' 22"W</u> N
Mailing Address: <u>1669 Highway 30 East</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>New Albany, MS. 38652</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 NE 1/4 Sec 20 T 6S R 5E</u>
Telephone No. (<u>662</u>) <u>728-2101</u>	Distance Direction Nearest Town <u>1/2</u> Miles <u>E</u> of <u>Hwy 30/Hwy 9 Junction</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>100</u>
Date Pump Installed: <u>7/12/2006</u>	Setting Depth: <u>635</u> feet
Rated Pump Capacity: <u>300</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9/13/2006</u>	<input checked="" type="radio"/> <u>Air Line</u> <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>195</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>620</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown (B) - (A): <u>425</u> Feet Below Land Surface	Well yielded <u>299</u> GPM with a drawdown of
Test Pumping Rate: <u>299</u> Gallons Per Minute	<u>425</u> feet after <u>12</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>12</u> hours	

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

Wayne Langley 693
 Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

Form: OLWR-SWR-1B