

County: WAYNE

Permit #: MS-GW-16195

Driller: LAYNE-CENTRAL

Date Drilling Completed: 1/24/07

State Well Report
 Part 1 -- Driller's 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 #: C-68

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>HIWANNEE WATER ASSOCIATION</u>	Latitude: <u>N 31' 50.743</u> Longitude: <u>W 088' 39.308</u>
Mailing Address: <u>802 AZALEA DRIVE</u>	Method of Lat/Long (circle one): <u>44</u> Conventional Survey <u>18</u>
<u>WAYNESBORO</u> <u>MS</u> <u>39367</u>	USGS quad, <u>Hand-Held GPS</u> , Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>13</u> Twn <u>9N</u> Rng <u>2W</u>
Telephone No. (<u>601</u>) <u>735-5249</u>	Distance Direction Nearest Town
	<u>6</u> Miles <u>NE</u> of <u>WAYNESBORO</u>

Well / Borehole Data

Date drilling started: 10/24/06 Date well drilling completed: 1/24/07 Hole depth: 2360' Hole diameter: 12"

Location of the source of any surface water used for drilling: _____

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): LAYNE-CENTRAL, JACKSON, MS

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

Static Water Level: (FLOWING) feet above or below (circle one) land surface Date Measured: 1/24/07

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

Well depth: 2309' Well grouted to a depth of: 2200 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 2200 feet Casing diameter: 12 inches Type of casing: STEEL

Screen length: 40 feet Screen diameter: 8 inches Type of screen: STAINLESS STEEL

Screen slot size: 0.20 inches Setting depth: From 2210 feet to 2250 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: 2086 feet. If telescoped or more than one screen, describe on back of page.

The sketch below only required for water wells.

If well telescopes, show depths on sketch.

Ground Level

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

Description of Formations Encountered	From	To
TOP SOIL	0	5
CLAY	5	95
SAND	95	100
HARD CLAY	100	105
SAND	105	110
CLAY	110	115
SANDY CLAY	115	145
CLAY	145	180
SANDY & CLAY STREAKS	180	265
CLAY	265	330
SAND	330	390
CLAY	390	410
SAND	410	430
CLAY & SAND STREAKS	430	605
SANDY CLAY	605	710
ROCK	710	715
SAND	715	725
CLAY	725	795
SAND	795	835
CLAY & HARD STREAKS	835	875
SAND	875	910
CLAY	910	970
SANDY & CLAY STREAKS	970	1215
HARD CLAY	1215	1240
SANDY & CLAY STREAKS	1240	1375
SAND	1375	1400
CLAY SANDY STREAKS	1400	1540
SAND CLAY STREAKS	1540	1630
CLAY	1630	1685
SAND	1685	1705
CLAY SAND STREAKS	1705	1850
ROCK	1850	1855
SAND	1855	1865
CLAY	1865	1975
SAND	1975	2020
ROCK	2020	2030
CLAY	2030	2075
SAND	2075	2150
CLAY	2150	2190
SAND	2190	2260
CLAY SAND STREAKS	2260	2309

If more than one screen, show location of each on sketch.

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 #: C68
 Elevation: _____

County: WAYNE
 Permit #: GW16195
 Driller: LAYNE-CENTRAL
 Date Completed: 1/24/07

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>HIWANNEE WATER ASSOCIATION</u>	Latitude: <u>N 31' 50.743</u> Longitude: <u>W 088'39.308</u>
Mailing Address: <u>802 AZALEA DRIVE</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/>
<u>WAYNESBORO MS 39367</u>	USGS quad _____ Hand-Held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>1/4</u> <u>1/4</u> Sec <u>15</u> T <u>9N</u> R <u>2W</u>
Telephone No. (<u>601</u>) <u>735-5249</u>	Distance _____ Direction <u>12</u> <u>10N</u> Nearest Town <u>7W</u>
	<u>6</u> Miles <u>NE</u> of <u>WAYNESBORO</u>

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"/> <input checked="" type="checkbox"/> Turbine	<input checked="" type="checkbox"/> Electric Motor <input 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>40</u>
Date Pump Installed: <u>5/9/07</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity <u>400</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>9/25/07</u>	Circle One
Static Water Level (A): <u>4</u> Feet Below Land Surface	<input checked="" type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Pumping Water Level (B): <u>38</u> Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: <u>34</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>528</u> Gallons Per Minute	Well yielded <u>528</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	<u>34</u> feet after <u>4</u> hours of pumping

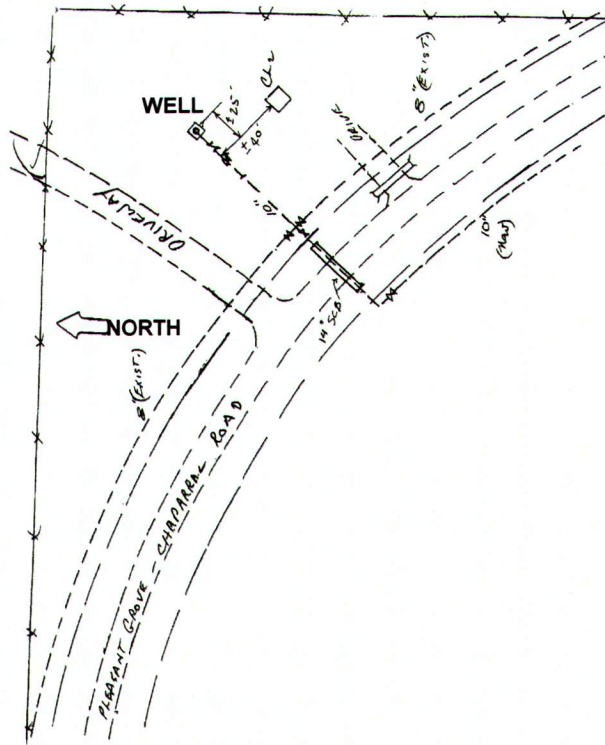
I hereby certify that the above statements are true to the best of my knowledge.

DAVE COOK 692 *Dave Cook*
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 DEC 26 2007
 BY: OLWR

C-68

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.



NOT TO SCALE

Landowner's Name: HIWANNEE WATER ASSOCIATION

Form: OSWR-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.

DAVE COOK 692
Print Name of Responsible Licensee and License No.

7-26-07
Date

Dave Cook
Signature of Licensee

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