

County: WILKINSON

Permit #: MS-610-16565

Driller: LAYNE-CENTRAL

Date drilling completed: 5/29/09

Well Driller Report and Well Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P. O. Box 2309
 Jackson, MS 39225-2309
 (601) 961-5210
 (601) 354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: G32

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>BUFFALO WATER ASSOCIATION</u>	Latitude: <u>N 31° 15.398</u> Longitude: <u>W 091° 21.513</u>
Mailing Address: <u>BUFFALO WATER ASSOCIATION</u>	Method of Lat/Long (circle one): <u>Hand-Held GPS</u> Conventional Survey
<u>10488 HIGHWAY 61 NORTH</u>	USGS quad, _____ Survey-grade GPS
<u>WOODVILLE MS 39669</u>	<u>NE</u> ¼ <u>1R</u> ¼ Sec <u>8</u> Twn <u>3 N</u> Rng <u>2 W</u>
City State Zip Code	<u>1R</u>
Telephone No. (<u>601</u>) <u>888-6977</u>	Distance Direction Nearest Town
	<u>12</u> Miles <u>NORTH</u> of <u>WOODVILLE</u>

Well / Borehole Data

Date drilling started: 5/5/09 Date well drilling completed: 5/29/09 Hole Depth: 955' Hole diameter: 20"

Location of the source of any surface water used for drilling: EXISTING WELL

Method of dosing and volume of Chlorine used in drilling and development: 50 POUNDS INTRODUCED WITH GRAVEL PACK

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: 135 feet above or below (circle one) land surface Date measured: 5/29/09

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

Well depth: 955' Well grouted to a depth of: 905' Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 905 feet Casing diameter: 12 inches Type of casing: STEEL

Screen length: 50 feet Screen diameter: 10 inches Type of screen: STAINLESS

Screen slot size: 0.020 inches Setting depth: From 905 feet to 955 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: 840 feet. *If telescoped or more than one screen, describe on next page.*

Form OLWR-SWI-1A

MAR 18 2010

BY: OLWR

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.

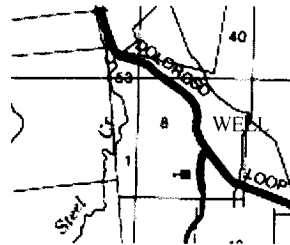
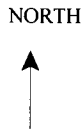
If well telescopes, show depths on sketch.

Ground Level _____

Description of Formations Encountered	From	To
TOP SOIL	0	20
CLAY	20	35
WHITE CLAY	35	40
SANDS	40	75
RED CLAY	75	110
BLUE CLAY	110	120
SAND	120	125
CLAY	125	150
SAND	150	165
CLAY	165	170
SAND	170	175
CLAY	175	270
SAND	270	315
CLAY	315	405
SAND	405	410
CLAY	410	425
SAND	425	500
CLAY	500	525
SANDY CLAY STREAKS	525	565
SAND	565	655
CLAY/SAND	655	685
SAND	685	700
CLAY	700	765
CLAY & SAND STREAKS	765	800
CLAY	800	875
SAND	875	890
CLAY	890	1035
SAND	1035	1040
CLAY	1040	1065

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.



NOT TO SCALE

Landowner's Name: BUFFALO 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.

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

Date

Signature of Licensee

RECEIVED
 MAR 19 2010
 BY: OLWR

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 39225-2309
(601) 961-5210
(601) 354-6938 (fax)

For Office Use Only:

Aquifer: _____
Well #: 632
Elevation: _____

County: WILKINSON
Permit #: _____
Driller: LAYNE-CENTRAL
Date Completed: 1/17/2010

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>BUFFALO WATER ASSOCIATION</u>	Latitude: <u>N 31° 15.398</u> Longitude: <u>W 091° 21.513</u>
Mailing Address: <u>10488 HIGHWAY 61 SOUTH</u>	Method of Lat/Long (check one): <u>24</u> Conventional Survey <u>31</u>
<u>WOODVILLE</u> <u>MS</u> <u>39669</u>	USGS quad _____ Hand-Held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>NE</u> <u>1/4</u> <u>1/4</u> Sec <u>8</u> T <u>3 N</u> R <u>2 W</u>
Telephone No. (<u>601</u>) <u>888-6977</u>	Distance Direction Nearest Town <u>12</u> Miles <u>NORTH</u> of <u>WOODVILLE</u>

Pump Type Circle One	Power Type Circle One
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<input checked="" type="checkbox"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>20</u>
Date Pump Installed: <u>8/25/09</u>	Setting Depth: <u>236</u> feet
Rated Pump Capacity <u>200</u> Gallons Per Minute	Number of Stages: <u>6</u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: <u>11/9/09</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>138</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>147</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>9</u> Feet Below Land Surface	Well yielded <u>227</u> GPM with a drawdown of
Test Pumping Rate: <u>224</u> Gallons Per Minute	<u>8</u> feet after <u>8</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>8</u> hours	

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

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

Dave Cook
Signature of Pump Installer

RECEIVED
MAR 11 2010
BY: OLWR