

County: Wilkinson
 Permit #: GW-16724
 Driller: David Canady
 Date drilling completed: 6-2-11

State Well Report
Part 1 -- Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2307
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (Fax)

For Office Use Only:
 Aquifer: _____
 Well #: M36
 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>Old River Water Association</u>	Latitude: <u>31° 07' 21.2"</u> Longitude: <u>91° 20' 26.1"</u>
Mailing Address: <u>90 Engineering Services</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>198 Cleary Rd</u>	USGS quad: <u>Hand-held (GPS), Survey-grade GPS</u>
<u>Richland MS 39218</u>	<u>R 12 1/4 Sec 21 Twn 21N Rng 2W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 939-8737</u>	<u>2.2 Miles NW of Woodville</u>

Well / Borehole Data

Date drilling started: 4-13-11 Date drilling completed: 6-2-11 Hole depth: 1254 Hole diameter: 23"

Location of the source of any surface water used for drilling: Old River Public Supply

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): DEQ

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) N/A

Static Water Level: 332 feet above of below (circle one) land surface Date measured: 9-15-11

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

Well depth: 1167' Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 1064 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: .020 inches Setting depth: From 1127 feet to 1167 feet

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

Other (describe) _____

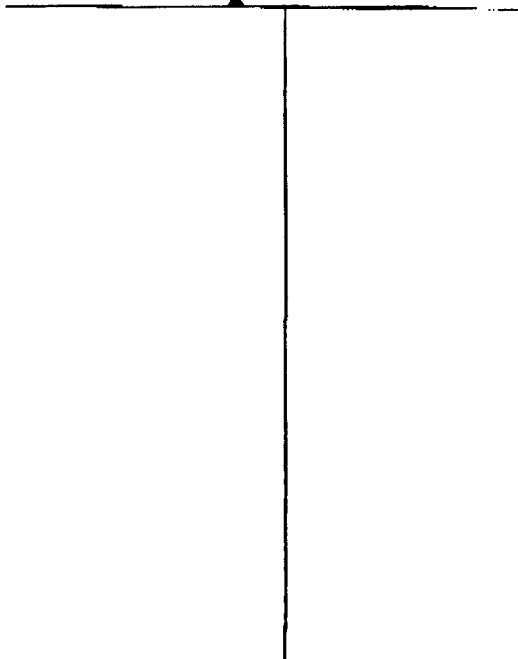
Top of lap pipe or reduction in casing: 66 feet If telescoped or more than one screen, describe on next page

M36

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →

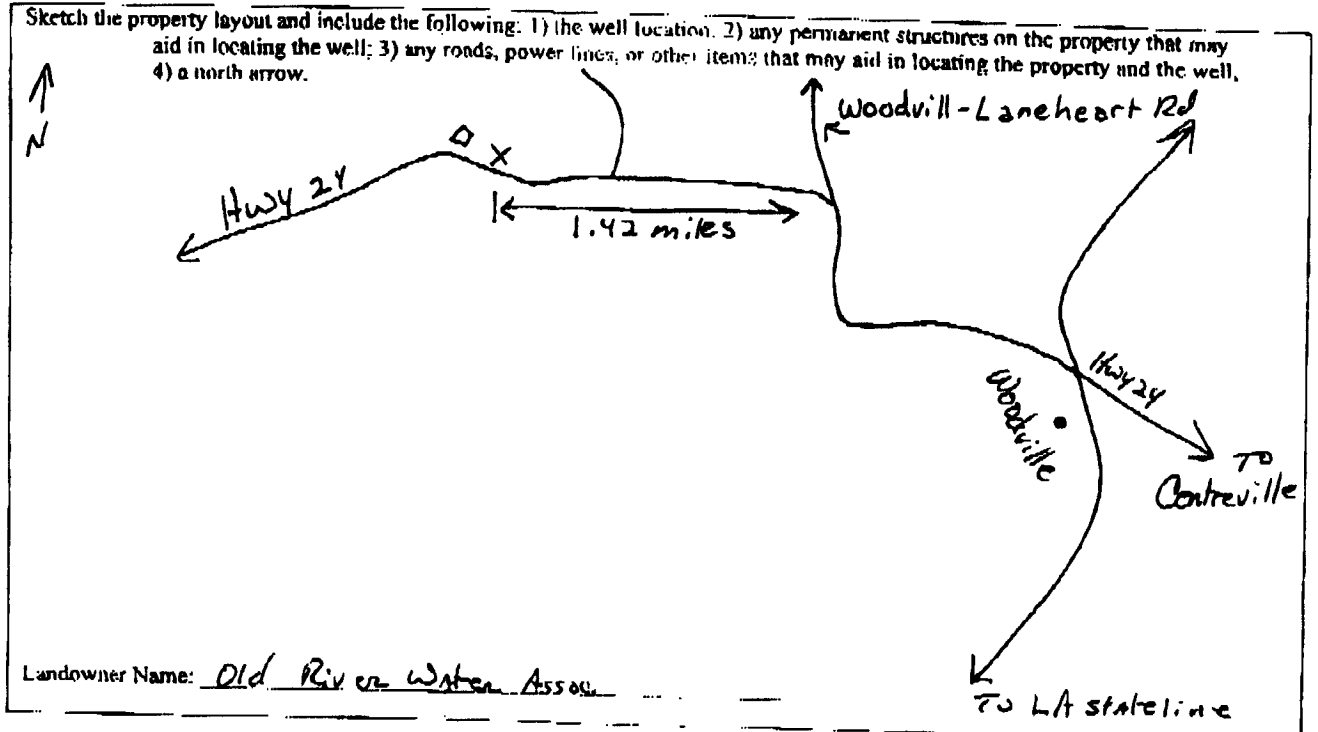


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Sandy Clay	Ground Level	28
Sand & Gravel	25	138
Clay w/ Sand	138	165
Clay	165	203
Clay w/ Sand	203	277
Sand w/ Clay	277	369
Clay	369	403
Sand w/ Clay	403	537
Clay w/ Sand	537	668
Sand and Shale	668	776
Clay	776	813
Shale	813	890
Sandy Shale	890	968
Shale	968	1103
Sand	1103	1246
Clay	1246	1257

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: Old River Water Assoc.

Form: OLWR-SWR-1A (04/18)

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.

Clayton Miller 0-703 9-6-11
 Print Name of Responsible Licensee and License No. Date

Clayton Miller
 Signature of Licensee

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: Wilkinson
 Permit #: GW-16724
 Driller: David Canady
 Date completed: 9-15-11
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: M36
 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>Old River Water Assoc.</u>	Latitude: <u>31 07 21</u> Longitude: <u>91 20 26</u>
Mailing Address: <u>% Engineering Services</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>198 Cleary Rd</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>Richland MS</u>	<u>1R 1/4 1R 1/4 Sec 21 T 2N R 2W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 939-8737</u>	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<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>9-15-11</u>	Setting Depth: <u>400</u> feet
Rated Pump Capacity: <u>400</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-15-11</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>332</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>346</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>14</u> Feet Below Land Surface	Well yielded <u>403</u> GPM with a drawdown of
Test Pumping Rate: <u>403</u> Gallons Per Minute	<u>14</u> feet after <u>24</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

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

Clayton Miller 0-203
 Print Name of Pump Installer and License No. (if applicable)

Clayton Miller
 Signature of Pump Installer