

County: Yazoo
 Permit #: GW16850
 Driller: Griner Drilling Service, Inc.
 Date drilling completed: 6-29-12

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 #: 43
 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.

<p>Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Casey Jones Water Association</u> Mailing Address: <u>945 Bend Road</u> <u>Vaughn MS 39179</u> City State Zip Code Telephone No. <u>(662) 673-9706</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>32 48'09.25"N</u> Longitude: <u>90 06'40.69"W</u></p> <p>Method of Lat/Long (check one): Conventional Survey <input type="radio"/> USGS quad <input type="radio"/> Hand-held GPS <input checked="" type="radio"/> Survey-grade GPS <input type="radio"/> <u>SW 1/4 NE 1/4 Sec 17</u> ✓ <u>Twn 11N</u> ✓ <u>Rng 2E</u> ✓</p> <p>Distance Direction Nearest Town <u>7</u> Miles <u>West</u> of <u>Vaughn</u></p>
--	---

Well / Borehole Data

Date drilling started: 4-24-12 Date drilling completed: 6-29-12 Hole depth: 1800 Hole diameter: 18.5"

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 (check all applicable): None Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): Griner Drilling Service, Inc.

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: 76 feet above or below land surface Date measured: 7-19-12

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

Well depth: 1705 Well grouted to a depth of 1630 feet Type of grout (check one): Neat Cement Bentonite Mix

Casing length: 1630 feet Casing diameter: 12 inches Type of casing: Steel

Screen length: 60 feet Screen diameter: 8 inches Type of screen: Munipak

Screen slot size: .020 inches Setting depth: From 1645 feet to 1705 feet

Type of completion (check all applicable): Gravel packed Underreamed Telescoped Open hole
 Natural Development Other (describe): _____

Top of lap pipe or reduction in casing: 1545 feet. *If telescoped or more than one screen, describe on next page*

County: Yazoo
 Permit #: _____
 Driller: Griner Drilling Service, Inc
 Date completed: November 2, 2012
Copy information from block on Part 1

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)

For Office Use Only:

Aquifer: _____
 Well #: 043
 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

Owner Name: Casey Jones Water Association
 Mailing Address: 945 Bend Road
Vaughn MS 39179
 City State Zip Code
 Telephone No. (662) 673-9706

Well Location

Latitude: 32 48'09.25"N Longitude: 90 06'40.69"W
 Method of Lat/Long (check one): Conventional Survey
 USGS quad Hand-held GPS Survey-grade GPS
 _____ 1/4 _____ 1/4 Sec 17 T 11N R 2E
 Distance Direction Nearest Town
7 Miles West of Vaughn

Pump Type
Check one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: September 4, 2012
 Rated Pump Capacity: 300 Gallons Per Minute

Power Type
Check one

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: 30
 Setting Depth: 225' feet
 Number of Stages: 5

Pump Test Data

Date Well Tested: November 5, 2012
 Static Water Level (A): 69.89 Feet Below Land Surface
 Pumping Water Level (B): 138.89 Feet Below Land Surface
 Drawdown [(B) - (A)]: 70 Feet Below Land Surface
 Test Pumping Rate: 388 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 6 hours

Method of Measuring Water Level
Check one

Air Line Electric Measuring Line Steel Tape
 Other (specify): _____
 For flowing well, measured shut in head: _____ feet
 Well yielded 388 GPM with a drawdown of
70 feet after 6 hours of pumping

This is for (check 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. Charles H. Griner
 Charles H. Griner
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer