

County Bellevue
 Permit # GW 16193/
 Driller: David Canady
 Date drilling completed: 4-26-06

State Well Report
Part I - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box #0631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For (Office Use Only):
 Aquifer 155
 Well # E-156
 I. 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>City of Mound Bayou</u> Mailing Address: <u>P.O. Box 680</u> <u>Mound Bayou, MS 38762</u> City State Zip Code Telephone No. <u>(662) 741-2193</u>	Well or Borehole Location Latitude <u>33° 52' 48" N</u> Longitude: <u>90° 44' 15" W</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SE 1/4 SW 1/4 Sec 32, Twn 24N Rng 5W</u> Distance Direction Nearest Town _____ Miles of _____
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Well / Borehole Data

Date drilling started 3-22-06 Date drilling completed: 4-26-06 Hole depth: 775' Hole diameter: 12 1/4" test hole

Location of the source of any surface water used for drilling: NONE
 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): MS Geological Survey ELOG #C0071

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 _____ N/A _____ Other (describe) _____

Static Water Level: 41 feet above or below (circle one) land surface Date measured: 4-26-06

Method of Measurement (circle one) stool tape _____ electric tape _____ air line _____ other: _____

Well depth: 769 Well grouted to a depth of 720 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 720 feet Casing diameter: 16 inches Type of casing: Steel

Screen length: 40 feet Screen diameter: 10 inches Type of screen: Stainless Steel

Screen slot size: 0.25 inches Setting depth: From 725 feet to 765 feet

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

Top of tap pipe or reduction in casing: 665 feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

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P.2/2

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-155
E-156
 Elevation: _____

County Bolivar
 Permit # GW 16193
 Driller Dewayne Griffith
 Date completed 7-14-06
 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>City of Mound Bayou</u>	Latitude: <u>33° 52' 48" N</u> Longitude: <u>090° 44' 15" W</u>
Mailing Address: <u>P.O. Box 680</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Mound Bayou MS 38262</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>32</u> T <u>24N</u> R <u>5W</u>
Telephone No. <u>(662) 241-2193</u>	Distance _____ Direction _____ Nearest Town _____
	<u>C Health Clinic</u> Miles of <u>Mound Bayou</u>

Pump Type Circle one	Power Type 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"/> <u>Turbine</u> <input checked="" type="checkbox"/>	<u>Electric Motor</u> <input checked="" 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>60</u>
Date Pump Installed: <u>7-14-06</u>	Setting Depth: <u>110</u> feet
Rated Pump Capacity: <u>750</u> Gallons Per Minute	Number of Stages: <u>4</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NOT TESTED AS OF 7-27-06</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>45</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Thomas G. Chestman 0-703
 Print Name of Pump Installer and License No. (if applicable) Thomas G. Chestman
 Signature of Pump Installer