

JUL-27-2006 14:19 From:MID SOUTH WATER

6628431717

To:601 360 0535

P.2/3

#443

County Bolivar
 Permit # GW-162116
 Driller: Mike Wells
 Date drilling completed: 7-25-06

State Well Report
Part I - 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 # N-149116
 L. S. Elevation: _____
 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 (Lundowner if borehole is not for a water well)</p> <p>Owner Name <u>Boyle Skene Water Corp.</u> Mailing Address: <u>P.O. Box 475</u> <u>Boyle</u> <u>MS</u> <u>38730</u> City State Zip Code Telephone No. <u>(663) 843-5847</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>33° 38' 30"</u> Longitude: <u>90° 00' 10"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <u>NW 1/4 NW 1/4 Sec 28 Twn 21N Rng 8W</u> Distance Direction Nearest Town <u>1/2 Miles EAST of BENOLO</u></p>
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Well / Borehole Data

Date drilling started: 6/10/06 Date drilling completed: 7/15/06 Hole depth: 647' Hole diameter: 15"

Location of the source of any surface water used for drilling: WATER SYSTEM
 Method of dosing and volume of Chlorine used in drilling and development: 25 LBS

Logs run (circle all applicable): No log run Electric Gamma Rays Density Sonic Neutron Other: _____
 Name of organization running log(s): _____

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: 58 feet above or below (circle one) land surface Date measured: 7-15-06

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

Well depth: 647 Well grouted to a depth of 616 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 616 feet Casing diameter: 10 inches Type of casing: Steel

Screen length: 27 feet Screen diameter: 6 inches Type of screen: 5 THICKNESS STEEL

Screen slot size: 0.070 inches Setting depth: From 620 feet to 647 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: 556 feet. *If telescoped or more than one screen, describe on next page.*

Form: OLWR-SWR-1A

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GW 16216

N-117116

The sketch below only required for water wells

If well telescopes, show depths on sketch.

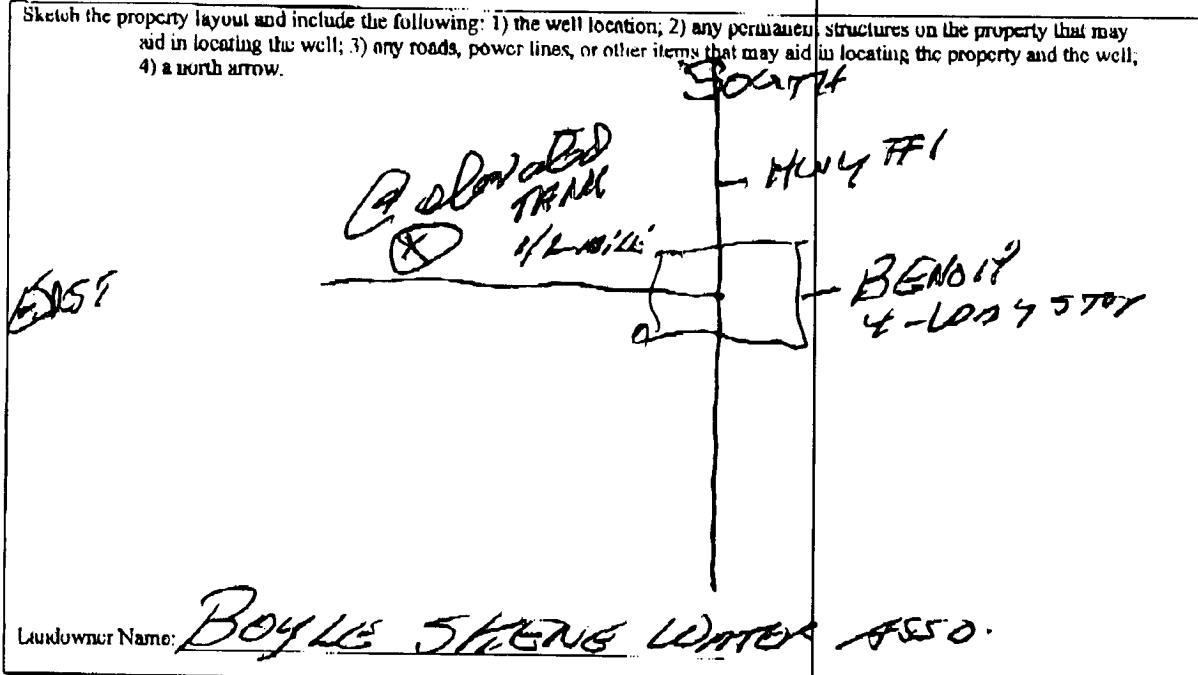
Ground Level

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)	
	Ground Level	
Sand with Clay Str.	0	68
Sand	68	85
Coarse Sand	85	99
Coarse Sand with Gravel	99	125
Clay	125	150
Rock	150	154
Clay w/ Sand Str.	154	168
Sandy Clay	168	195
Sand	195	222
Sandy Clay with Shale Str.	222	359
Sand with lignite Str.	359	387
Clay	387	389
Sand with Clay lignite str.	389	420
Sandy Clay with Sand str.	420	452
Clay with Sand & Shale str.	452	528
Sandy Shale with Sand	528	616
Sand	616	643
Clay with Shale	643	652

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: BOYLE STEVE WATER ASSO.

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.

Thomas G. Christman 0903

7/27/06

Signature of Thomas G. Christman

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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BY: OLWR

OCT-09-2006 13:41 From:MID SOUTH WATER

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To:601 360 0535

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 # N-116

Elevation: _____

County Bolivar
 Permit # _____
 Driller Mike Wells
 Date completed 7-25-06
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 Owner Name: <u>Boyle Skene Water Association</u> Mailing Address: <u>P.O. Box 475</u> <u>Boyle</u> <u>MS</u> City State Zip Code Telephone No. <u>(662) 843-5847</u>		Well Location <u>32 38 38 W</u> <u>9000 10 W</u> Latitude: Longitude: Method of Lat/Long (check one): Conventional Survey _____ USGS quad <input checked="" type="checkbox"/> Hand-held GPS _____ Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec <u>28</u> T <u>21N</u> R <u>8W</u> Distance Direction Nearest Town <u>1/4</u> Miles <u>ENE</u> of <u>Benoit</u>	
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Pump Type Circle one Air Lift Jet Submersible Bucket Piston <u>Turbine</u> Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>10-6-06</u> Rated Pump Capacity: <u>350</u> Gallons Per Minute	Power Type Circle one Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>30</u> Setting Depth: <u>110</u> feet Number of Stages: <u>7</u>
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Pump Test Data Date Well Tested: <u>10-5-06</u> Static Water Level (A): <u>53'9"</u> Feet Below Land Surface Pumping Water Level (B): <u>72</u> Feet Below Land Surface Drawdown ((B)-(A)): <u>16</u> Feet Below Land Surface Test Pumping Rate: <u>363</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>8</u> hours	Method of Measuring Water Level Circle one <u>Air Line</u> Electric Measuring Line Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>363</u> GPM with a drawdown of <u>16</u> feet after <u>8</u> hours of pumping
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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