

DEC-14-2007 12:47 From: MID SOUTH WATER

6628431717

To: 601 360 0535

P.21/25

FAXED
9-4-07

County: Bolivar
 Permit #: MS-6W-16509
 Driller: David Conady
 Date drilling completed: 9-1-07

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 #: T194
 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)	Well or Borehole Location
Owner Name: <u>Town of Shaw</u>	Latitude: <u>33° 36' 03" N</u> Longitude: <u>90° 46' 28" W</u>
Mailing Address: <u>PO. Box 674</u>	Method of Lat/Long (circle one): <u>02</u> Conventional Survey, <u>23</u>
<u>Shaw</u> MS <u>38773</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 NW 1/4 Sec. 12 Twp 20N Rng 6W</u>
Telephone No. <u>(662) 754-3131</u>	Distance Direction Nearest Town _____ Miles _____ of _____

Well / Borehole Data

Date drilling started: 7/7/07 Date drilling completed: 9-1-07 Hole depth: 1478' Hole diameter: 21"

Location of the source of any surface water used for drilling: City of Shaw
 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

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: 50 feet above or below (circle one) land surface Date measured: 9/3/07

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

Well depth: 1508' Well grouted to a depth of 1410 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 1410 feet Casing diameter: 10 inches Type of casing: STEEL

Screen length: 60 feet Screen diameter: 6" inches Type of screen: Stainless Steel

Screen slot size: .012 inches Setting depth: From 1410 feet to 1470 feet

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

Top of lap pipe or reduction in casing: 1355 feet *If telescoped or more than one screen, describe on next page*

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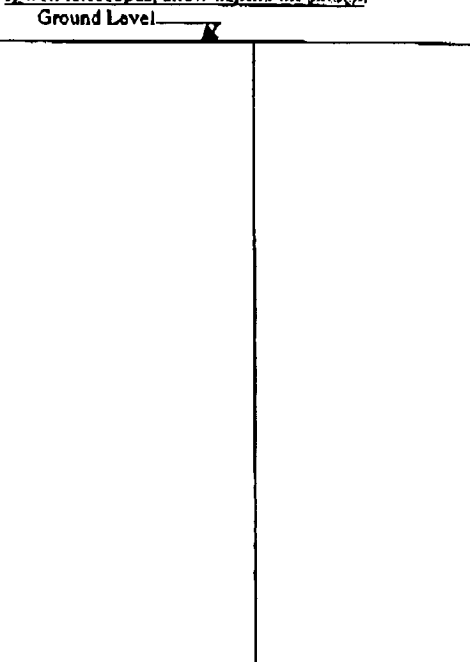
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T-199

The sketch below only required for water wells

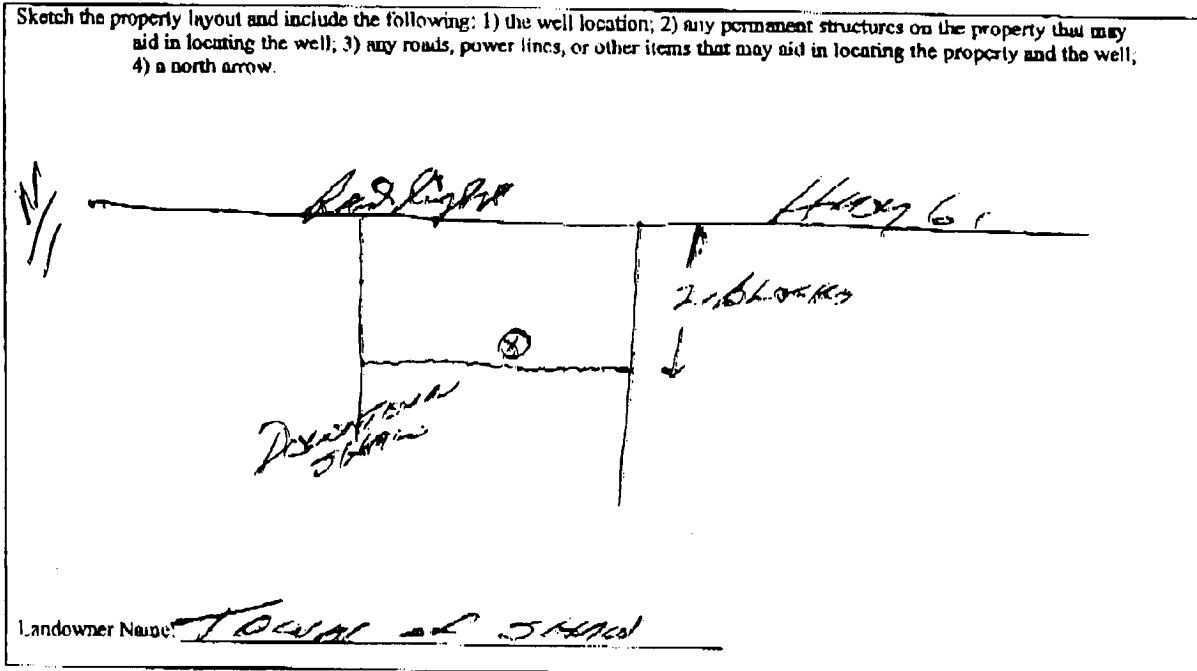
If well telescopes, show depths on sketch.



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

Description of Formations Encountered	From (depth)	To (depth)
Top Soil	Ground Level	20
Sand	20	120
Sand & Gravel	120	135
Sand	135	158
Clay	158	270
Sand with Clay & lignite stras	270	364
Clay with Sand stras	364	374
Sand w/ Clay & lignite stras	374	467
Shale & Clay with Sand stras	467	562
Sand with Shale stras	562	687
Sand	687	790
Shale	790	810
Sand with Shale stras	810	885
Shale	885	964
Shale with Sand stras	964	1090
Clay	1090	1121
Clay with Shale stras	1121	1278
Clay with Hard Shale	1278	1341
Sandy Clay	1341	1372
Sand	1372	1448
Shale	1448	1508

If more than one screen, show location of each on sketch



I certify that the well/borchole 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. Chestman 0-703 9/14/07 *Thomas G. Chestman*

Print Name of Responsible Licensee and License No. Date Signature of Licensee

Form. OLWR-SWR-1A

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11-9-07

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)

County Bolivar
 Permit #: _____
 Driller: Mice Wells
 Date completed: 9-27-07
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: T-199
 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>Town of Shaw</u>	Latitude: <u>33° 36' 03"</u>	Longitude: <u>90° 46' 30"</u>	
Mailing Address: <u>P.O. Box 679</u>	Method of Lat/Long (check one): Conventional Survey _____		
<u>Shaw</u> MS <u>38773</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____		
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>12</u> T <u>20N</u> R <u>6W</u>		
Telephone No. <u>(662) 754-3131</u>	Distance _____	Direction _____	Nearest Town _____
	_____ 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>75</u>		
Date Pump Installed: <u>9-27-07</u>			Setting Depth: <u>300</u> feet		
Rated Pump Capacity: <u>550</u> Gallons Per Minute			Number of Stages: <u>10</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: <u>9-27-07</u>	Air Line	<u>Electric Measuring Line</u>	Steel Tape
Static Water Level (A): <u>55</u> Feet Below Land Surface	Other (specify): _____		
Pumping Water Level (B): <u>216</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet		
Drawdown ((B)-(A)): <u>161</u> Feet Below Land Surface	Well yielded <u>550</u> GPM with a drawdown of		
Test Pumping Rate: <u>550</u> Gallons Per Minute	<u>16</u> feet after <u>7</u> hours of pumping		
Duration of Pump Test (minimum 4 hours): <u>7</u> 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