

County: Calhoun
 Permit #: OW 15733
 Driller: Hershey Well
 Date drilling completed: 11/22/06

State Well Report

Part 1 - 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 #: B-2019
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Mt Comfort Water Assn</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>PO Box 595</u>	Method of Lat/Long (circle one): Conventional Survey, <input checked="" type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Bruce, MS 38915</u> City State Zip Code	<u>1/4 1/4 Sec 16, Twn 115 Rng 1W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>1 Miles South of Sarpta</u>

Well / Borehole Data

Date drilling started: 6/25/03 Date drilling completed: 11/22/06 Hole depth: 2145 Hole diameter: 17"

Location of the source of any surface water used for drilling: Water assn line

Method of dosing and volume of Chlorine used in drilling and development: 200 # of granular chlorine

Logs run (circle all applicable): No log run Electric Gamma Ray 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: 260.40 feet above or below (circle one) land surface Date measured: 11/15/06

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

Well depth: 1927 Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 1812 feet Casing diameter: 12 inches Type of casing: Steel

Screen length: 110 feet Screen diameter: 8 inches Type of screen: SS ribbed

Screen slot size: .020 inches Setting depth: From 1817 feet to 1927 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: 1696.78 feet. *If telescoped or more than one screen, describe on next page*

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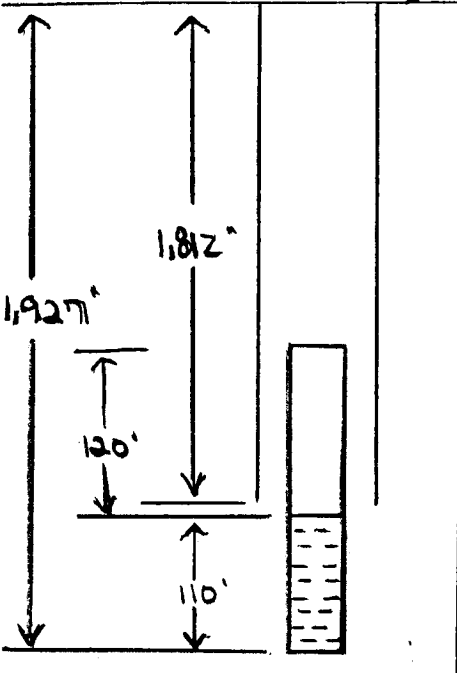
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B-20

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →

EW15733



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

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)
Red, yellow, white sand w/clay + chalk strks	Ground Level	0
Blue Clay, Strkd Sand + lig	18	265
Blue Clay	265	318
Hard Shale Rock + Sand	318	325
Sand, Shale Rocks, Strkd Blue Clay	325	440
Blue Clay	440	478
Blue Clay, Strkd Sand + Shale Rock	478	930
Blue clay, Strkd Sand	930	1472
Tight Sand + Shale Rocks	1472	1490
Blue Clay, Strkd Sand	1490	1630
Sand	1630	1645
Blue Clay, Strkd Sand	1645	1825
Hard Shale	1825	1853
Sand + Shale Rocks	1853	1868
Hard Shale	1868	1905
Blue Clay, Strkd Sand	1905	2010
Sand	2010	2015
Sand + Gravel	2015	2051
Hard Shale	2051	2056
Sand + Gravel	2056	2095
Hard Shale	2095	2100
Sand + Gravel	2100	2145
Rock @ 306, 318, 478, 495, 930, 1630, 1638, 1868, 2030, 2095		

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.

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Landowner Name: _____

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.

Print Name of Responsible Licensee and License No. RICKY HERNDON 587 Date 12/07/06 Signature of Licensee Ricky Herndon

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: Calhoun
 Permit #: 0015733
 Driller: Herndon Well*
 Date completed: 5/30/07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: B-2019
 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>Mt Comfort Water Assn</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>PO Box 595</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Bruce, MS</u>	USGS quad <u>X</u> , Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>16</u> T <u>11S</u> R <u>1W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>1</u> Miles <u>S</u> of <u>Sarepta</u>

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>50</u>
Date Pump Installed: <u>02/26/07</u>	Setting Depth: <u>412</u> feet
Rated Pump Capacity: <u>200</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4/17/07</u>	Air Line <u>Electric Measuring Line</u>
Static Water Level (A): <u>283</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>373</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>90</u> Feet Below Land Surface	Well yielded <u>201</u> GPM with a drawdown of
Test Pumping Rate: <u>200</u> Gallons Per Minute	<u>90</u> feet after <u>8</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>8</u> hours	

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

Donald Smith Donald Smith
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer