

JUL-28-2006 14:10 From:MID SOUTH WATER

6628431717

To:601 360 0535

P.2/3

County Cochitama
 Permit # 6W-16245
 Driller: David Canady
 Date drilling completed: 6/30/06

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 # M-100
 L S Elevation _____
 B-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>Moore Bayou Water Association</u> Mailing Address: <u>122 East Lec. Dr.</u> <u>Clarksdale</u> <u>MS</u> <u>38732</u> City State Zip Code Telephone No. <u>(662) 627-9400</u>		Well or Borehole Location Latitude: <u>N 34° 04' 15"</u> Longitude: <u>W 90° 29' 26"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad <u>Hand-held GPS</u> Survey-grade GPS <u>1/4</u> <u>1/4</u> Sec <u>34</u> Twp <u>26N</u> Rng <u>3W</u> Distance _____ Miles Direction _____ of <u>Nearest Town</u> <u>CLARKSDALE</u>	
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Well / Borehole Data
 Date drilling started: 5/1/06 Date drilling completed: 6/30/06 Hole depth: 1236' Hole diameter: 17"
 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 (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: 39 feet above or below (circle one) land surface Date measured: 6/29/06
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 1224 Well grouted to a depth of 1155 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 1155 feet Casing diameter: 12 inches Type of casing: STEEL
 Screen length: 60 feet Screen diameter: 8 inches Type of screen: STAINLESS STEEL
 Screen slot size: .020 inches Setting depth: From 1160 feet to 1220 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: 1100 feet. If telescoped or more than one screen, describe on next page

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M-100

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level X

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 Gravel	0	130
Sand	130	227
Clay	227	237
Sand	237	242
Clay with Sand Stars.	242	337
Clay	337	397
Rock	397	399
Clay	399	465
Clay with Shale Sols	465	530
Shale with Sand Stars.	530	560
Sand with Clay Stars.	560	592
Sand	592	615
Clay	615	625
Shale with Sand Stars	625	652
Shale with Sand & Rock Stars	652	777
Shale with Sand Stars.	777	902
Shale	902	933
Shale with Sand Stars.	933	1090
Sand	1090	1226
Clay	1226	1236

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.

NORTH

DUNNAN

STORE

Landowner Name: MOORE BAYOU LOGS ASSOC. PARTNERSHIP

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 0-703

7/27/06

Thomas G. Christman

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

SEP-09-2006 09:26 From: MID SOUTH WATER

6628431717

To: 601 360 0535

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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 Cochran
 Permit # GW16245
 Driller Scott Hoed
 Date completed: 9/5/06
 Copy information from block on Part 1.

For Office Use Only:
 Aquifer _____
 Well #: M-100
 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>Moore Bayou Water Association</u>	Latitude: <u>N 34° 04' 25"</u> Longitude: <u>W 90° 29' 26"</u>
Mailing Address: <u>122 East Lee Dr.</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, <u>Hand-held GPS</u> , Survey-grade GPS _____
<u>Clarksdale</u> MS <u>38732</u>	_____ 1/4 _____ 1/4 Sec <u>34</u> T <u>26N</u> R <u>3W</u>
City State Zip Code	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>(662) 627-9400</u>	_____ Miles <u>@</u> of <u>DUBLIN</u> <u>Dunagan</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>40hp</u>
Date Pump Installed: <u>9-5-06</u>	Setting Depth: <u>110</u> feet
Rated Pump Capacity: <u>400</u> Gallons Per Minute	Number of Stages: <u>6</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>39'</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 _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
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 Thomas G. Chestman
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED

SEP 11 2006

BY: OLWR