

County: LAUDERDALE
 Permit #: MS-GW-16154
 Driller: LAYNE-CENTRAL
 Date Drilling Completed: 10/24/05

Well Driller Report and Well 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 #: Φ 129
 L. S. Elevation: _____
 E-Log #: _____

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name <u>LONG CREEK WATER ASSOCIATION</u>	Latitude: <u>N 32° 20' 733"</u> Longitude: <u>W 088° 35' 899"</u>
Mailing Address: <u>4695 LONG CREEK WATER ROAD</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey
<u>MERIDIAN MS 39301</u>	USGS quad, <input type="checkbox"/> Hand-Held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip Code	<u>N/2</u> Sec <u>30</u> Twn <u>6N</u> Rng <u>17E</u>
Telephone No. (<u>601</u>) <u>693-3096</u>	Distance Direction Nearest Town
	<u>1.6</u> Miles <u>SE</u> of <u>HWY 45 ON HWY 19 S</u>

Well Data

Purpose of Well (Check one): Home Industrial Public Supply Irrigation Fish Culture Other: --

Date well drilling started: 9/14/05 Date well drilling completed: 10/24/05

If flowing, method of flow regulation: Valve -- Other (describe) --

Static Water Level: 372 feet above or below (circle one) land surface Date Measured: 3/13/06

Method of Measurement (circle one) steel tape electric tape air line Other: --

Hole depth: 1310' Well depth: 1310' Well grouted to a depth of: 825 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 825 feet Casing diameter: 12 inches Type of casing: STEEL

Screen length: (SPLIT) 65 feet Screen diameter: 8 inches Type of screen: STAINLESS STEEL

Screen slot size: 0.020 inches Setting depth: From 830 feet to 855 feet
BLANK From 855 feet to 925 feet
 From 925 feet to 965 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: 748 feet. *If telescoped or more than one screen, describe on back of page.*

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: --

Name of organization running log(s): LAYNE-CENTRAL, JACKSON, MS

I certify that the well was drilled, constructed and completed in accordance with applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations and state laws.

DAVE COOK 692
 Print Name of Water Well Contractor and License No.


 Signature of Water Well Contractor

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JUN 05 2006
BY: OLWR

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:

County: LAUDERDALE
 Permit #: MS-GW-16154
 Driller: LAYNE-CENTRAL
 Date Completed: 10/24/05

Aquifer: _____
 Well #: Ø 129
 Elevation: _____

This part of the report must be completed by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

Well Owner Information	Well Location
Owner Name <u>LONG CREEK WATER ASSOCIATION</u>	Latitude: <u>N 32° 20' 733"</u> Longitude: <u>W 088° 35' 899"</u>
Mailing Address: <u>4695 LONG CREEK WATER ROAD</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>MERIDIAN</u> <u>MS</u> <u>39301</u>	USGS quad _____ Hand-Held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>N/2</u> Sec <u>30</u> T <u>6N</u> R <u>17E</u>
Telephone No. (<u>601</u>) <u>693-3096</u>	Distance Direction Nearest Town
	<u>1.6</u> Miles <u>SE</u> of <u>HWY 45 ON HWY 19 S</u>

Pump Type Circle One	Power Type Circle One
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine	<input type="radio"/> Electric Motor Hand _____ Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____ <u>100</u>
Date Pump Installed: _____ <u>2/6/06</u>	Setting Depth: _____ <u>470</u> feet
Rated Pump Capacity _____ <u>600</u> Gallons Per Minute	Number of Stages: _____ <u>13</u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: _____ <u>3/13/06</u>	Air Line <input type="radio"/> Electric Measuring Line Steel Tape
Static Water Level (A): _____ <u>372</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ <u>402.3</u> Feet Below Land Surface	
Drawdown [(B) - (A)]: _____ <u>30.3</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: _____ <u>687</u> Gallons Per Minute	Well yielded _____ <u>687</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): _____ <u>4</u> hours	<u>30.3</u> feet after _____ <u>4</u> hours of pumping

I hereby certify that the above statements are true to the best of my knowledge.

DAVE COOK 692 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 JUN 05 2006
 BY: OLWR