

County: Panola ¹⁰⁷
 Permit #: MSGW-16085
 Driller: E. Brown
 Date drilling completed: 04/08/05

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 #: N-52
 L. S. Elevation: 52
 E-log #: _____

US Army COE

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>U. S. Army Corps. of Engineers</u>	Latitude <u>34° 23' 45"</u> Longitude <u>89° 47' 22"</u>
Mailing Address: <u>4155 E. Clay Street</u>	Method of Lat/Long (circle one): Conventional Survey, <u>USGS quad</u> Hand-held GPS, Survey-grade GPS
<u>Vicksburg, MS 39183</u>	SE <u>1/4</u> SW <u>1/4</u> Sec <u>12</u> Twn <u>8S</u> Rng <u>6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 631-5000</u>	<u>10</u> Miles <u>NE</u> of <u>Batesville</u>

Well / Borehole Data

Date drilling started: 04/04/05 Date drilling completed: 04/08/05 Hole depth: 320 ft. Hole diameter: 16 in.

Location of the source of any surface water used for drilling: Potable Ground Water Used During 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): Mississippi Office of Geology

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: 28.20 feet above or below (circle one) land surface Date measured: 04/13/05

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

Well depth: 295 ft Well grouted to a depth of 149 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 240 feet Casing diameter: 8 inches Type of casing: stainless steel

Screen length: 50 feet Screen diameter: 8 inches Type of screen: stainless steel

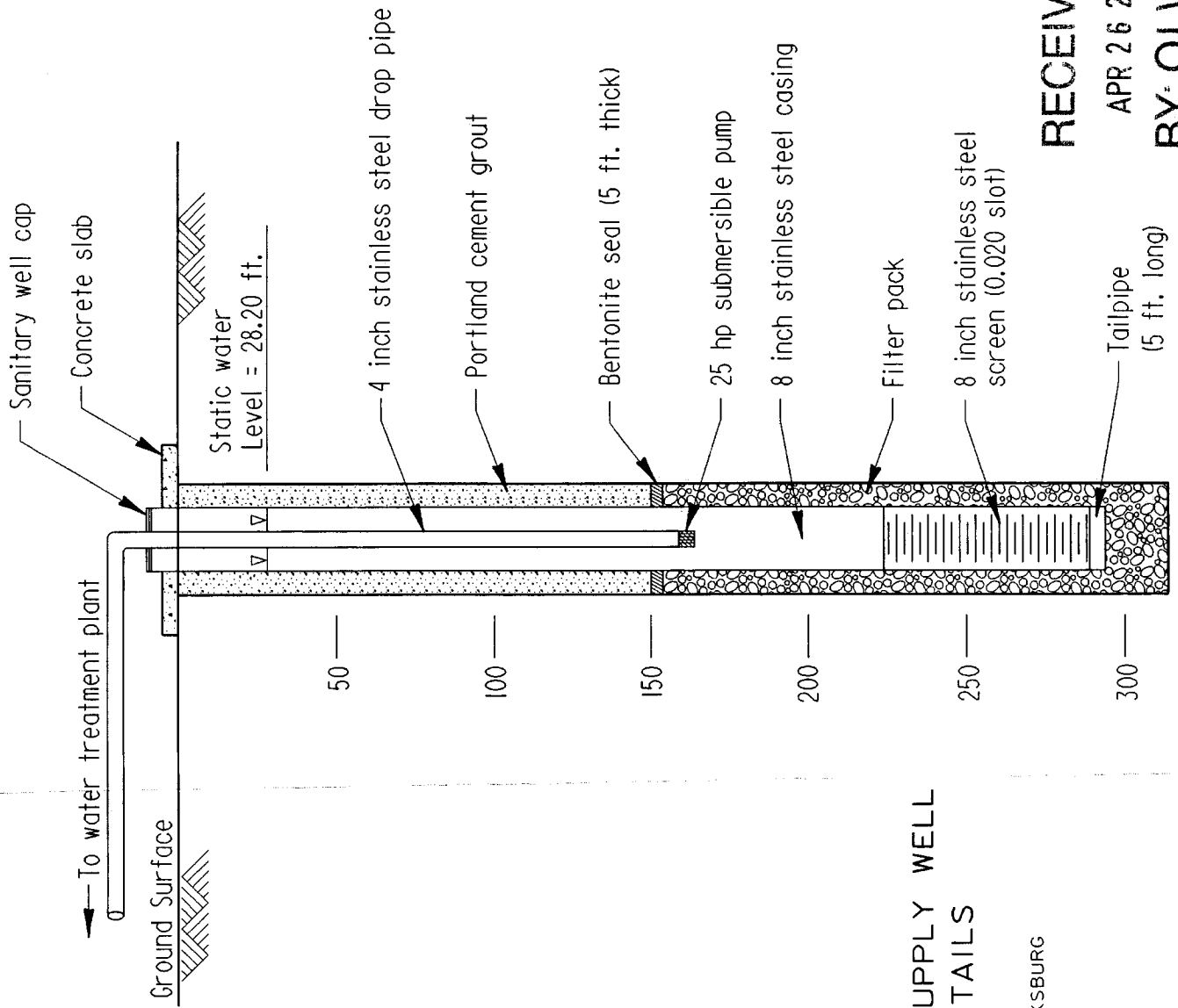
Screen slot size: 0.020 inches Setting depth: From 240 feet to 290 feet

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

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

Form: OLWR-SWR-1A

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N-52
 SARDIS RESERVOIR - MISS
 SARDIS LOWER LAKE WATER SUPPLY WELL
 WELL CONSTRUCTION DETAILS

SCALE : NONE

U.S. ARMY ENGINEER DISTRICT, VICKSBURG
 CORPS OF ENGINEERS
 VICKSBURG, MISSISSIPPI

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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: Panola
 Permit #: MSGW-16085
 Driller: E. Brown
 Date completed: 04/08/05
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: N-52
 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>U. S. Army Corps of Engineers</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>4155 E. Clay Street</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Vicksburg, MS 39183</u> City State Zip Code	USGS quad <u>X</u> , Hand-held GPS _____, Survey-grade GPS _____
Telephone No. <u>(601) 631-5000</u>	<u>SE</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ Sec <u>12</u> T <u>8S</u> R <u>6W</u>
	Distance Direction Nearest Town
	<u>10</u> Miles <u>NE</u> of <u>Batesville</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> Submersible <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	Electric Motor <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>25</u>
Date Pump Installed: <u>04/12/05</u>	Setting Depth: <u>163</u> feet
Rated Pump Capacity: <u>400</u> Gallons Per Minute	Number of Stages: <u>4</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>04/13/05</u>	Air Line <input type="radio"/> Electric Measuring Line <input checked="" type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>28.20</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>64.30</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>36.10</u> Feet Below Land Surface	Well yielded <u>430</u> GPM with a drawdown of
Test Pumping Rate: <u>430</u> Gallons Per Minute	<u>36.10</u> feet after <u>21</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>21</u> hours	

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

James J. Sims #682
 Print Name of Pump Installer and License No. (if applicable)

James J. Sims
 Signature of Pump Installer

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