

01/17/2008 10:47 FAX 6627873107

DONALD SMITH CO., INC

002

County: Prentiss
 Permit #: _____
 Driller: Donald Smith Co.
 Date drilling completed: 11/06
Test Hole #1

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 #: D-44
 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
 (Landowner if borehole is not for a water well)
 Owner Name: Holcut Cairo Water Assn
 Mailing Address: 659 Hwy 365
Booneville MS 38829
 City State Zip Code
 Telephone No. () _____

Well or Borehole Location
 Latitude: 34° 44' 54" Longitude: 88° 21' 29" W
 Method of Lat/Long (circle one): 47 Conventional Survey
 USGS quad: (Hand-held GPS) Survey-grade GPS
 _____ 1/4 _____ 1/4 Sec 9 Twn 45 Rng 9E
 Distance Direction Nearest Town
10 Miles E of Rienzi

Well / Borehole Data
 Date drilling started: 9/01/06 Date drilling completed: 11/06 Hole depth: 420' Hole diameter: _____
 Location of the source of any surface water used for drilling: Public Supply
 Method of dosing and volume of Chlorine used in drilling and development: Potable water used
 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: X
 If a flowing well, method of flow regulation: Valve _____ Holcut-Cairo would like to make monitoring well
 Other (describe) _____
 Static Water Level: 231 feet above or below (circle one) land surface Date measured: 1/10/07
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 400' Well grouted to a depth of 335 feet Type of grout (circle one) Neat Cement Bentonite Mix
 Casing length: 335 feet Casing diameter: 18 inches Type of casing: Steel
 Screen length: 60 feet Screen diameter: 8 inches Type of screen: Stainless
 Screen slot size: .030 inches Setting depth: From 340 feet to 400 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: 280 feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

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DONALD SMITH CO., INC

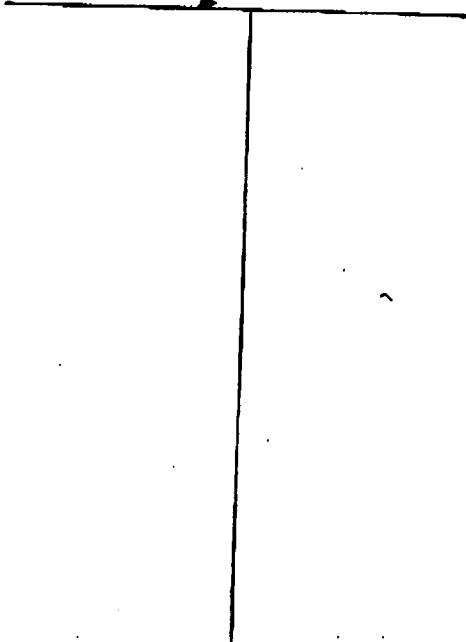
003

D-44

The sketch below only required for water wells.

If well telescopes, show depths on sketch.

Ground Level



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	0 -	17
Chaulk	17 -	37
Clay	37 -	73
Gray Clay	73 -	127
Rock	127 -	128
Gray Clay	128 -	139
Rock	139 -	141
Clay w/little Sand	141 -	190
Very Hard Rock	190 -	191
Gray Clay w/Sand	191 -	195
Gray Sand	195 -	247
Sandy Clay	247 -	310
Sandy Rock	310 -	315
Rocky Clay	315 -	350
Chirp	350 -	395
Clay w/some Chirp	395 -	404
Chirp	404 -	415
Rocky Clay	415 -	427
Very Hard Rock	427 -	443

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

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.

Landowner Name: Holcut Cairo Water Assn.

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 law.

Donald E Smith 0-767

01/17/08

Donald E. Smith

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Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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DONALD SMITH CO., INC

004

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: Prentiss
 Permit #: _____
 Driller: Donald Smith Co.
 Date completed: 01/10/07
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: D-49
 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>Molcut Cairo Water Assn</u>	Latitude: <u>344454N</u> Longitude: <u>882129W</u>
Mailing Address: <u>659 Hwy 365</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Booneville, MS 38829</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>9</u> T <u>45</u> R <u>9E</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>10</u> Miles <u>E</u> of <u>Rienzi</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): <u>NONE</u>
Other (specify): <u>NO Pump</u>	Horse Power Rating of Motor: _____
Date Pump Installed: _____	Setting Depth: _____ feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>01/10/07</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>231</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>339</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>108</u> Feet Below Land Surface	Well yielded <u>84</u> GPM with a drawdown of
Test Pumping Rate: <u>84</u> Gallons Per Minute	<u>108</u> feet after <u>2</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>2</u> hours	

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

Donald E Smith 0767
 Print Name of Pump Installer and License No. (if applicable)

Donald E. Smith Jr
 Signature of Pump Installer

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 Form: OLWR-SWR-1B

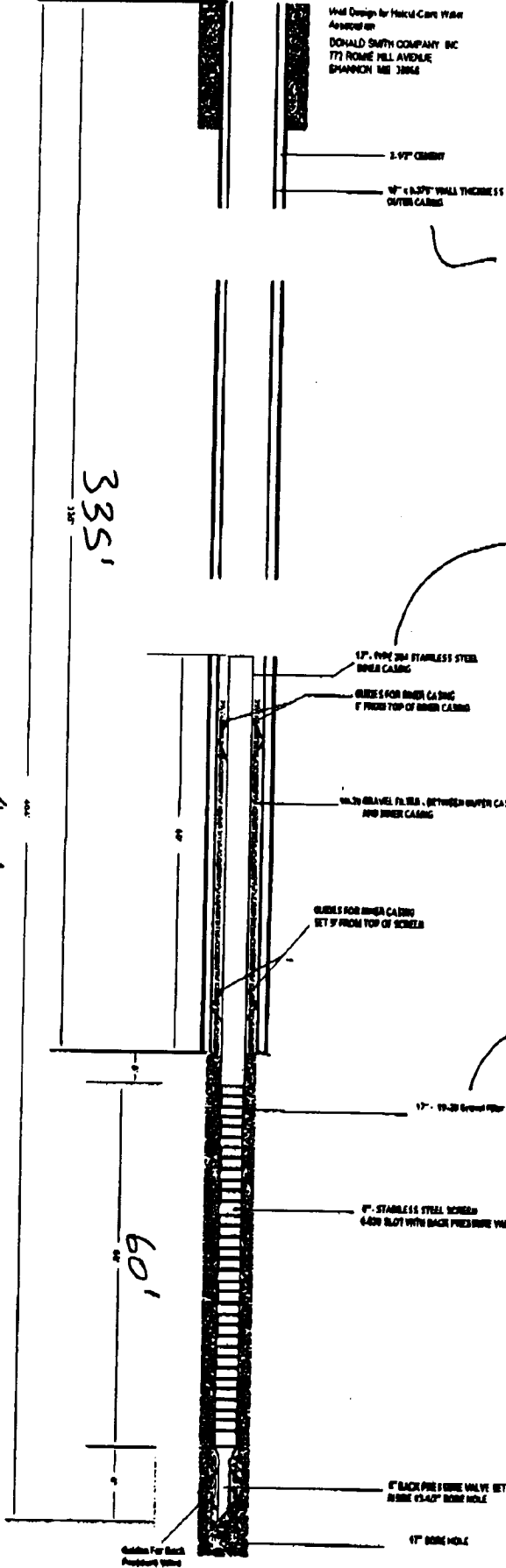
BY: OLWR

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DONALD SMITH CO., INC

005

Well Design by Hand-Care Well
Approved by
DONALD SMITH COMPANY INC
777 ROME HILL AVENUE
SPRINGFIELD MAE 01104



18" casing

D-44

12" top

335'

404'

10/20 gravel
17" bore hole

8" .030 screen

340' to 400'
setting

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