

County: SCOTT

Permit #: MS-GW-16231

Driller: LAYNE-CENTRAL

Date Drilling Completed: 12/30/06

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 #: B-36

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>C & C WATER ASSOCIATION, INC.</u>	Latitude: <u>N 32 ° 30.401'</u> Longitude: <u>W 89 ° 32.737'</u>
Mailing Address: <u>PO BOX 52</u>	Method of Lat/Long (circle one): <u>Hand-Held GPS</u> Conventional Survey <u>30 29</u> <u>32 44</u>
<u>HILLSBORO MS 39087-0052</u>	USGS quad, <u>Hand-Held GPS</u> Survey-grade GPS
City State Zip Code	<u>SE ¼ SE ¼</u> Sec <u>26</u> TwN <u>8N</u> Rng <u>7E</u>
Telephone No. (<u>601</u>) <u>622-3080</u>	Distance Direction Nearest Town
	<u>4</u> Miles <u>NORTHWE</u> of <u>HILLSBORO</u>
	<u>ST</u>

Well / Borehole Data

Date drilling started: 10/01/06 Date well drilling completed: 12/30/06 Hole depth: 2410' Hole diameter: 17"

Location of the source of any surface water used for drilling: N/A

Method of dosing and volume of Chlorine used in drilling and development: 25 GALLON DOSE W/ 10,000 GALLONS WATER

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

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

Static Water Level: 114 feet above or below (circle one) land surface Date Measured: 4/10/07

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

Well depth: 2345' Well grouted to a depth of: 2225 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 2225 feet Casing diameter: 12 inches Type of casing: STEEL

Screen length: 80 feet Screen diameter: 8 inches Type of screen: STAINLESS STEEL

Screen slot size: 0.020 inches Setting depth: From 2265 feet to 2345 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: 2117 feet. *If telescoped or more than one screen, describe on back of page.*

Form: OLWR-SWR-1A
RECEIVED
 AUG 22 2007
 BY: OLWR

B-

The sketch below only required for water wells.

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations.

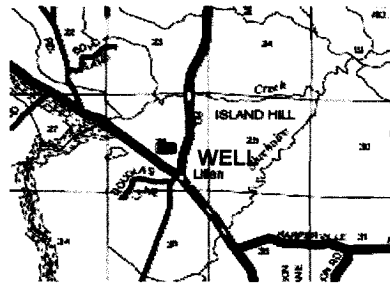
If well telescopes, show depths on sketch.

Ground Level

Description of Formations Encountered	From	To
SAND	0	190
CLAY	190	340
SAND	340	400
CLAY	400	440
SAND	440	560
CLAY	560	690
SAND	690	750
SANDY CLAY	750	920
SAND	920	1080
CLAY W/ SAND STREAKS	1080	1160
SAND W/ CLAY STREAKS	1160	1290
SANDY CLAY	1290	1380
CLAY	1380	1480
SAND	1480	1540
SAND	1540	1600
CLAY W/ SAND STREAKS	1600	1900
SAND W/ CLAY STREAKS	1900	2010
SAND W/ CLAY	2010	2220
SAND W/ LIGNITE	2220	2250
SAND	2250	2370
CLAY	2370	2380
SANDY CLAY	2380	2410

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.



NOT TO SCALE

Landowner's Name: C & C WATER ASSOCIATION, INC.

Form: OSWR-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.

DAVE COOK 692
Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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:

Aquifer: _____
Well #: B-36
Elevation: _____

County: SCOTT
Permit #: MS-GW-16231
Driller: LAYNE-CENTRAL
Date Completed: 12/30/06

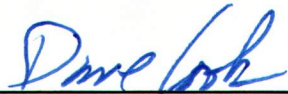
This part of the report must be completed by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

Well Owner Information	Well Location
Owner Name <u>C & C WATER ASSOCIATION, INC.</u>	Latitude: <u>N 32 ° 30.401'</u> Longitude: <u>W 89 ° 32.737'</u>
Mailing Address: <u>PO BOX 52</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>HILLSBORO MS 39087-0052</u>	USGS quad _____ Hand-Held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>SE ¼ SE ¼ Sec 26 T 8N R 7E</u>
Telephone No. (<u>601</u>) <u>622-3080</u>	Distance Direction Nearest Town
	<u>4</u> Miles <u>NORTHWEST</u> of <u>HILLSBORO</u>

Pump Type Circle One	Power Type Circle One
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<input checked="" type="checkbox"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>3/1/07</u>	Setting Depth: <u>207</u> feet
Rated Pump Capacity <u>500</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: <u>4/10/07</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>114</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>124</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded <u>506</u> GPM with a drawdown of
Test Pumping Rate: <u>506</u> Gallons Per Minute	<u>10</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

RECEIVED
AUG 22 2007
BY: OLWR