

DEC-14-2007 12:44 From: MID SOUTH WATER

6628431717

To: 601 360 0535

P. 8/25

State Well Report

Part 1

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
 I. S. Elevation _____
 E-log #: _____

County: Scott
 Permit #: 162014
 Driller: David Canady
 Date drilling completed: 7/23/05

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.

Well Owner Information		Well Location	
Owner Name: <u>Sebastopol Water Assoc.</u>	Latitude: <u>32°43'2N / 89°47'W</u>	Longitude: _____	_____
Mailing Address: <u>104 Wolverton Lane</u>	Method of Lat/Long (circle one): <u>U.S. Office of Geology</u>		
<u>P.O. Box 110</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
<u>Sebastopol, MS 39259</u>	_____ 1/4 _____ 1/4 Sec. <u>1</u>	Twn. <u>8N</u>	Rng. <u>9E</u>
City State Zip Code	Distance <u>1/2</u> Miles	Direction <u>EAST</u>	Nearest Town <u>Downsville, MS</u>
Telephone No. <u>(601) 625-7471</u>	<u>Hwy 201</u>		

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 6/20/05 Date well drilling completed: 7/23/05

If flowing, method of flow regulation: Valve N/A Other (describe) _____

Static Water Level: 162 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 494.695 Well depth: 485 Well grouted to a depth of 435 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 435 feet Casing diameter: 12 inches Type of casing: Steel

Screen length: 50 feet Screen diameter: 8 inches Type of screen: Steel

Screen slot size: 0.20 inches Setting depth: From 435 feet to 485 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: 375 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): M.S. Geology

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

Thomas Christman 0-703 Thomas Christman
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

TH 2 for P
 597'

FAXED
 12/14/05

DEC-14-2007 12:45 From: MID SOUTH WATER

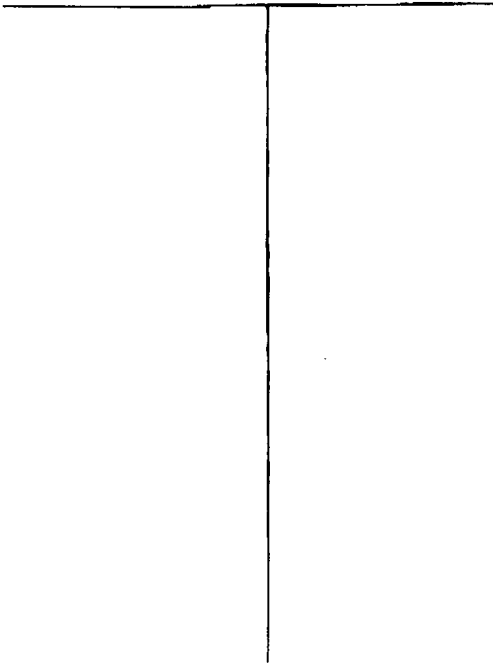
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If well telescopes please sketch below and show depths.

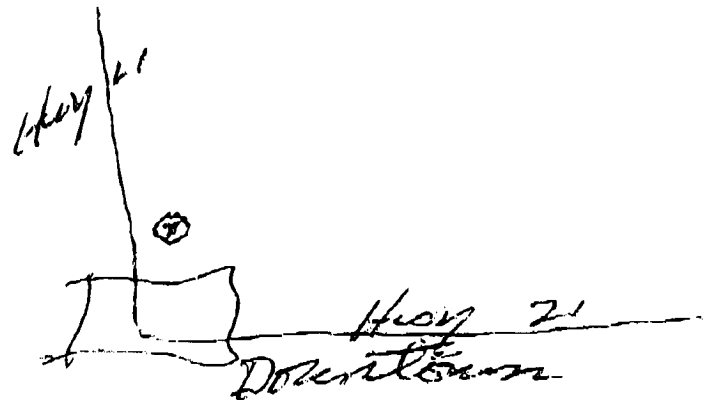
Ground Level



Description of Formations Encountered	From	To
Top Soil	0	10
Sand	10	68
Sand + Lignite	68	114
Shale	114	142
Shale w/ sand + Rock Str	142	206
Shale w/ Sand Str	206	268
Shale w/ Clay + Rock Str	268	331
Shale w/ Sand + Rock Str	331	392
Shale w/ Clay + Rock Str	392	434
Sand	434	492

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) indicate direction.



Landowner Name: Sebastopol Water Assoc

Sharon C. Chestnut
Signature of Water Well Contractor

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P.10/25

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 #: D44
 Elevation: _____

County: Scott
 Permit #: _____
 Driller: David Conady
 Date completed: 7/23/05

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Sebastopol Water Assoc</u>	Latitude: <u>323432N</u> Longitude: <u>891947W</u>
Mailing Address: <u>104 Wolverton Lane</u>	Method of Lat/Long (circle one): <u>MS Office of Biology</u> Conventional Survey.
<u>P.O. Box 110</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Sebastopol, MS 39359</u>	____ 1/4 ____ 1/4 Sec ____ Twn ____ Rng ____
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>601-625-7471</u>	<u>1/2</u> Miles <u>E</u> of <u>Sebastopol</u> <u>on Hwy 21</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>100</u>
Date Pump Installed: <u>8/18/05</u>	Setting Depth: <u>290</u> feet
Rated Pump Capacity: <u>600</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>N/A</u>	Air Line <u>Electric Measuring Line</u> <u>Steel Tape</u>
Static Water Level (A): <u>162</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface	Well yielded <u>N/A</u> GPM with a drawdown of _____
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Thomas S. Christman 0-703 Thomas S. Christman
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

FAXED
8/23/05