

JAN-08-2008 09:49 From: MID SOUTH WATER

6262431717

To: 601 360 0535

P.2/4

County: Tate
 Permit #: MS-GW-16348
 Driller: David Casady
 Date drilling completed: 11-8-07

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 #: E-58
 U.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)	Well or Borehole Location
Owner Name: <u>Stanhorn Water Assoc.</u>	Latitude: <u>N34° 37' 00.9"</u> Longitude: <u>W90° 08' 53.4"</u>
Mailing Address: <u>7304 Hwy 4 West</u>	Method of Lat/Long (circle one): <u>27</u> Conventional Survey, <u>50</u>
<u>Senatobia MS 38668</u> City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. <u>(662) 562-9428</u>	<u>1/4</u> <u>1/4</u> Sec <u>28</u> Twp <u>5S</u> Rng <u>9W</u>
	Distance <u>3</u> Miles Direction <u>West</u> of Nearest Town <u>Senatobia</u>

Well / Borehole Data

Date drilling started: 9-6-07 Date drilling completed: 11-8-07 Hole depth: 1564 Hole diameter: 23"

Location of the source of any surface water used for drilling: WATER SYSTEM
 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 logs: MSGS, LAGNS

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: 180 feet above or below (circle one) land surface Date measured: 11-8-07

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

Well depth: 1555' Well grouted to a depth of 1485' Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 1485 feet Casing diameter: 12 inches Type of casing: STEEL

Screen length: 70 feet Screen diameter: 8" inches Type of screen: Stainless Steel

Screen slot size: .010 inches Setting depth: From 1485 feet to 1555 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: 1485 feet *If telescoped or more than one screen, describe on next page*

JAN-08-2008 09:49 From: MID SOUTH WATER

6628431717

To: 601 360 0535

P.3/4

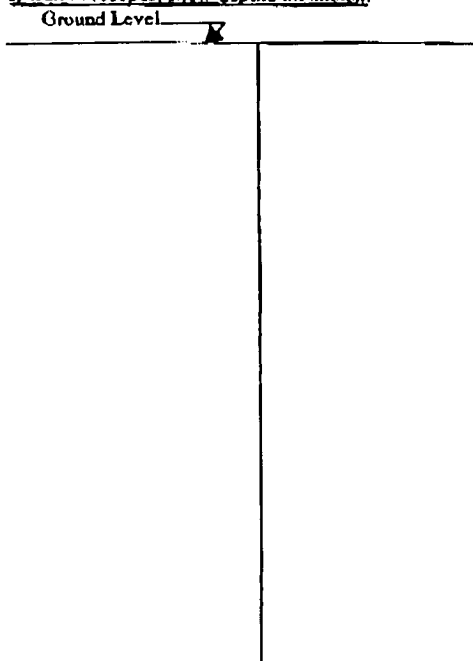
GW 16348

E-58

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

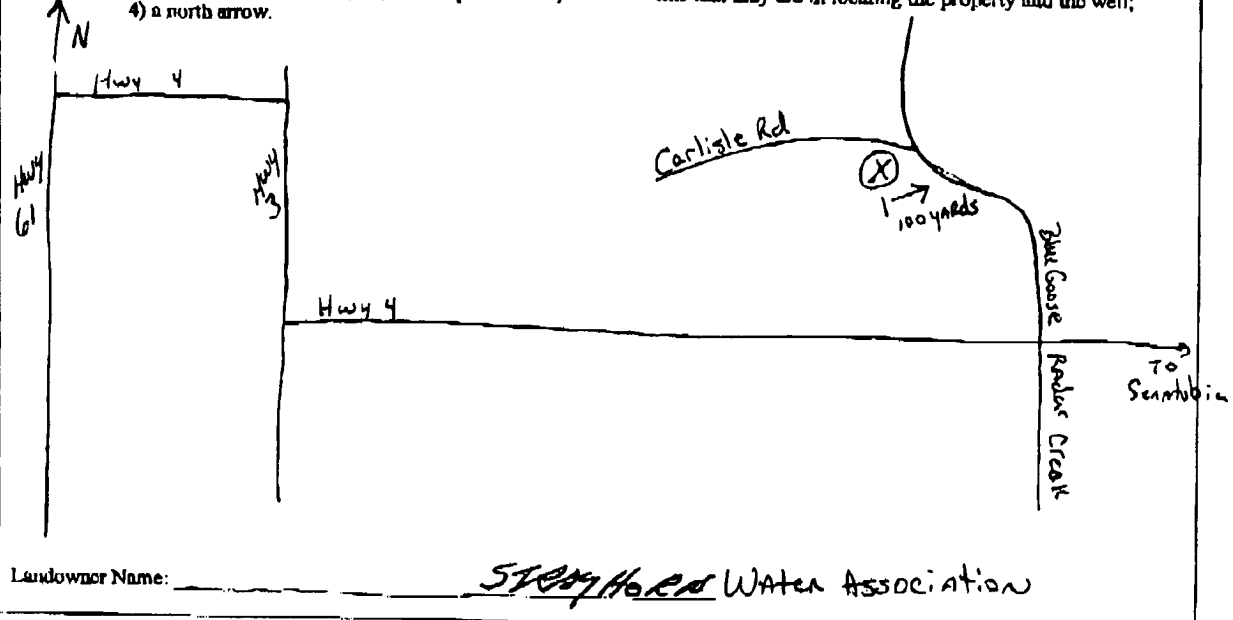
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Top Soil	Ground Level	20
Sand w/ Clay Strcs	20	45
Sand	45	118
Clay	118	211
Sand	211	369
Sand w/ Lignite Strcs	369	431
Sand	431	682
Shale	682	745
Sandy Shale	745	808
Sand w/ Shale Strcs	808	928
Sand	928	958
Sand & Sandy Shale	958	1114
Fine Sand & Sandy Shale	1114	1240
Sandy Shale	1240	1429
Sand	1429	1562
Shale	1562	1571

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.



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. Form: OLWR-SWR-1A

Thomas G. Christman 0-703 12.26.07 *Thomas G. Christman*

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 #: E-58

Elevation: _____

County: TATE
 Permit # 6W16348
 Driller: _____
 Date completed: _____
 Copy Information from block on Part 1

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>Strayhorn Water Assoc.</u>	Latitude: <u>N 33° 32.44 89</u> Longitude: <u>W 090° 05.834</u>
Mailing Address: <u>7304 Hwy 4 West</u>	Method of Lat/Long (check one): Conventional Survey <input checked="" type="checkbox"/>
<u>Senatobia MS 38668</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>1/4 Sec 28 T 58 R 9 W</u>
Telephone No. <u>(662) 562-9428</u>	Distance Direction Nearest Town
	<u>3 Miles West of Senatobia</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>7.5</u>
Date Pump Installed: <u>1-4-08</u>	Setting Depth: <u>260</u> feet
Rated Pump Capacity: <u>500</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NOT TESTED</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>180</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 1 hour): _____ hours	

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

Thomas G. Chrestman 0-703 Thomas G. Chrestman
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer