

DEC-14-2007 12:48 From: MID SOUTH WATER

6628431717

To: 601 360 0535

P.24/25

County: Yazoo
 Permit #: 6W 16423
 Driller: David Canady
 Date drilling completed: 11-20-07

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 #: B-114
 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.

<p>Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Village of Eden</u> Mailing Address: <u>127 Eden Main St.</u> <u>YAZOO City MS 39194</u> City State Zip Code Telephone No. <u>(662) 746-1843</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>32° 28' 51" N</u> Longitude: <u>90° 19' 31" W</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>NW ¼ NW ¼ Sec 17 Twn 13N Rng 1W</u> Distance _____ Miles Direction _____ of Nearest Town _____</p>
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Well / Borehole Data

Date drilling started: 11-20-07 Date drilling completed: 11-20-07 Hole depth: 851' Hole diameter: 22"

Location of the source of any surface water used for drilling: City Edge Farm

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): _____

Purpose of borehole (check one): Water Well X 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 X Fish Culture _____ Other: _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 32 feet above or below (circle one) land surface Date measured: 11-20-07

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

Well depth: 844' Well grouted to a depth of 785 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 780 feet Casing diameter: 10" inches Type of casing: STEEL

Screen length: 50' feet Screen diameter: 6 inches Type of screen: 33

Screen slot size: 010 inches Setting depth: From 785 feet to 835 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: 725 feet. *If telescoped or more than one screen, describe on next page*

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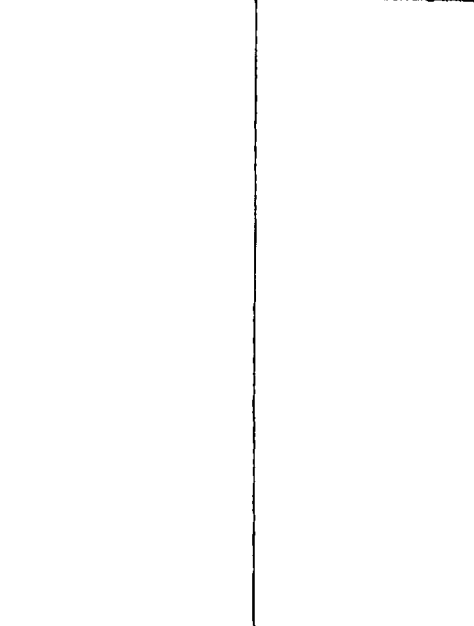
B-114

The sketch below only required for water wells

If well telescopes, show depths on sketch.

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

Ground Level



Description of Formations Encountered	From (depth)	To (depth)
Sand w/ Clay Strs	Ground Level	42
Sand	42	122
Course Sand : Clay Strs	122	155
Sandy Shale	155	195
Sandy Shale : Lignite	195	257
Sand	257	308
Sandy Shale	308	351
Sandy Shale w/ Clay Strs	351	382
Sandy Shale	382	445
Sandy Shale w/ Clay Strs	445	509
Sandy Shale w/ Strs Lignite	509	634
Sand w/ Shale Strs	634	851

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.

Landowner Name: Village of Eden

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 laws.

Thomas G. Christman 0-703 12/14/07
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

MAY-13-2008 15:29 From: MID SOUTH WATER

6628431717

To: 601 360 0535

P.2/2

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-114
 Elevation: _____

County YAZOO
 Permit # _____
 Driller: Mike Wells
 Date completed: 4-10-08
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>Village of Eden</u>	Latitude: <u>32° 58' 5"</u> Longitude: <u>90° 33' 60"</u>
Mailing Address: <u>127 Eden Main St.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Yazoo City MS 39194</u> City State Zip Code	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
Telephone No. <u>(662) 746-1863</u>	Distance _____ Direction _____ Nearest Town _____ Miles of _____

Pump Type Circle one	Power Type Circle one
Air Lift _____ Bucket _____ Centrifugal _____ Other (specify): _____	Diesel Engine _____ <u>Electric Motor</u> _____ Windmill _____
Jet <u>Submersible</u> Piston _____ Rotary _____ Flowing Well _____	Gasoline Engine _____ Hand _____ Other (specify): _____
Date Pump Installed: <u>4-10-08</u>	Horse Power Rating of Motor: <u>15 hp</u>
Rated Pump Capacity: <u>125</u> Gallons Per Minute	Setting Depth: <u>83</u> feet
	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-10-08</u>	Air Line _____ <u>Electric Measuring Line</u> _____ Steel Tube _____
Static Water Level (A): <u>33</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>45</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>100</u> feet
Drawdown [(B) - (A)]: <u>12</u> Feet Below Land Surface	Well yielded <u>125</u> GPM with a drawdown of _____
Test Pumping Rate: <u>125</u> Gallons Per Minute	<u>7</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.

Clayton Miller 0-703
 Print Name of Pump Installer and License No. (if applicable)

Clayton Miller
 Signature of Pump Installer