

08T-17-2006 12:50 From:MID SOUTH WATER

6628431717

To:601 360 0535

P.2/3

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 # G-130
L. S. Elevation _____
L-log # _____

County YAZOO
Permit # 06116280
Driller DAVID CANADY
Date drilling completed 10/4/06

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>City of Yazoo City</u>	Latitude: <u>N 32° 52' 59"</u> Longitude: <u>W 90° 33' 58"</u>
Mailing Address: <u>P.O. Box 567</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>213 South MAIN St</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
<u>YAZOO City MS 39194</u>	<u>1/4</u> <u>1/4</u> Sec <u>16</u> Twn <u>12 N</u> Rng <u>2 W</u>
Telephone No. <u>(662) 246-1863</u>	Distance _____ Miles Direction <u>21</u> of <u>BY HANOVER ACADEMY</u>
	Nearest Town <u>Dis. E. of</u>

Well / Borehole Data

Date drilling started: 8/19/06 Date drilling completed: 10/4/06 Hole depth: 1174 Hole diameter: _____

Location of the source of any surface water used for drilling: CITY SUPPLY

Method of dosing and volume of Chlorine used in drilling and development: 50 LBS LATERAL

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 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: 80 feet above or below (circle one) land surface Date measured: 10/4/06

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

Well depth: 1014 Well grouted to a depth of 225 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 905 feet Casing diameter: 18 inches Type of casing: STEEL

Screen length: 100 feet Screen diameter: 12 inches Type of screen: S-S ROD BASE

Screen slot size: .020 inches Setting depth: From 910 feet to 1010 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: _____ feet. *If telescoped or more than one screen, describe on next page*

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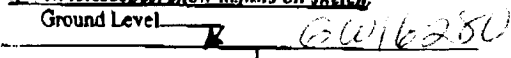
P.3/3

G-130

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

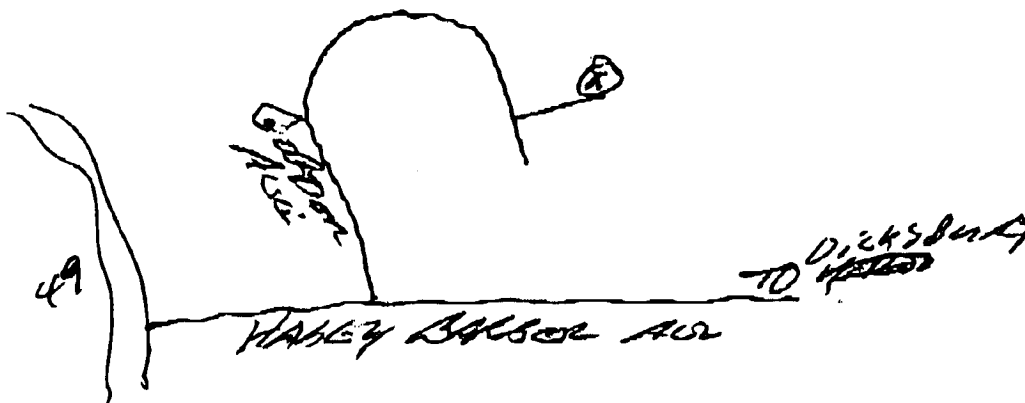
If well telescopes, show depths on sketch

Ground Level 

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	40
Clay Sand Strs.	40	69
Sand	69	124
Sand with Gravel	124	165
Clay with Sand Strs	165	188
Sand with Clay Strs	188	216
Clay with Sand Strs	216	247
Sand	247	431
Sand with Lignite	431	492
Sand	492	524
Sand with Shale Strs	524	555
Shale	555	580
Sand	580	605
Shale	605	613
Sand	613	622
Shale with Sand Strs	622	711
Shale	711	719
Sand	719	742
Sand with Shale Strs	742	772
Sand	772	1022
Sand	1022	1039
Lignite	1039	1040
Sand	1040	1054
Lignite	1054	1057
Sand	1057	1159
Clay	1159	1174

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: City of Yazoo City

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 0703 10/17/06 Thomas G. Christman

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

DEC-04-2006 09:56 From: MID SOUTH WATER

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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)354-0938 (fax)

County YAZOO
 Permit # GN-16280
 Driller Scott Hood
 Date completed 11-28-06
Copy information from block on Part 1

For Office Use Only:
 Aquifer _____
 Well # G-130
 Elevation _____

6130

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>City of Yazoo City</u>	Latitude: <u>N 32° 52' 59"</u> Longitude: <u>W 90° 23' 58"</u>
Mailing Address: <u>P.O. Box 567</u> <u>213 South Main St.</u> <u>Yazoo City MS 39194</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey _____ USGS quad <u>Hand-held GPS</u> Survey-grade GPS _____ ____ 1/4 ____ 1/2 Sec ____ T ____ R ____
Telephone No. <u>(662) 746-1863</u>	Distance _____ Direction _____ Nearest Town <u>at by Manchester Academy</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>125</u>
Date Pump Installed: <u>11-27-06</u>	Setting Depth: <u>170</u> feet
Rated Pump Capacity: <u>2000</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-29-06</u>	<u>Air Line</u> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>76'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>116'</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>40'</u> Feet Below Land Surface	Well yielded <u>2000</u> GPM with a drawdown of
Test Pumping Rate: <u>2000</u> Gallons Per Minute	<u>40'</u> feet after <u>6</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>6</u> hours	

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

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

Thomas G. Christman
 Signature of Pump Installer