

County Bolivar
 Permit # GW43994
 Driller: Clarence McMurry
 Date drilling completed 3-2-10

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:
 Aquifer F 244
 Well # _____
 I. 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.

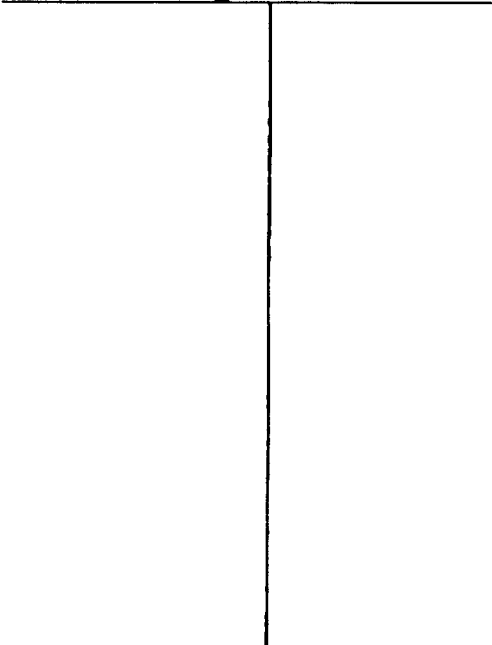
| Information on Well Owner <i>(Landowner if borehole is not for a water well)</i> | Well or Borehole Location |
|---|---|
| Owner Name <u>Don Strong</u> | Latitude <u>N33° 49' 33" W</u> Longitude <u>W98° 55' 32.45" W</u> |
| Mailing Address: <u>8341 North 400 East</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS Survey-grade GPS |
| <u>Bryant</u> IN <u>47326</u> | <u>N1/4 SE</u> Sec <u>21</u> Twn <u>23N</u> Rng <u>7W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>(812) 863-4541</u> | Miles of _____ <u>Well # 5</u> |
| Well / Borehole Data | |
| Date drilling started: <u>3-2-10</u> Date drilling completed: <u>3-2-10</u> Hole depth: <u>120'</u> Hole diameter: <u>22"</u> | |
| Location of the source of any surface water used for drilling: <u>Nearby ditch</u> | |
| 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 <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ | |
| Seismic Survey _____ Other (describe) _____ | |
| <i>If drilling is not related to water well construction, skip the remainder of this block</i> | |
| Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> Fish Culture _____ Other: _____ | |
| If a flowing well, method of flow regulation: Valve _____ Other (describe) <u>N/A</u> | |
| Static Water Level: <u>34</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>3-3-10</u> | |
| Method of Measurement (circle one) steel tape electric tape air line other: _____ | |
| Well depth: <u>120'</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement Bentonite Mix | |
| Casing length: <u>80</u> feet Casing diameter: <u>12</u> inches Type of casing: <u>PVC</u> | |
| Screen length: <u>40</u> feet Screen diameter: <u>12</u> inches Type of screen: <u>PVC</u> | |
| Screen slot size: <u>.050</u> inches Setting depth: From <u>80</u> feet to <u>120</u> 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: <u>N/A</u> feet. <i>If telescoped or more than one screen, describe on next page</i> | |

F244

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →

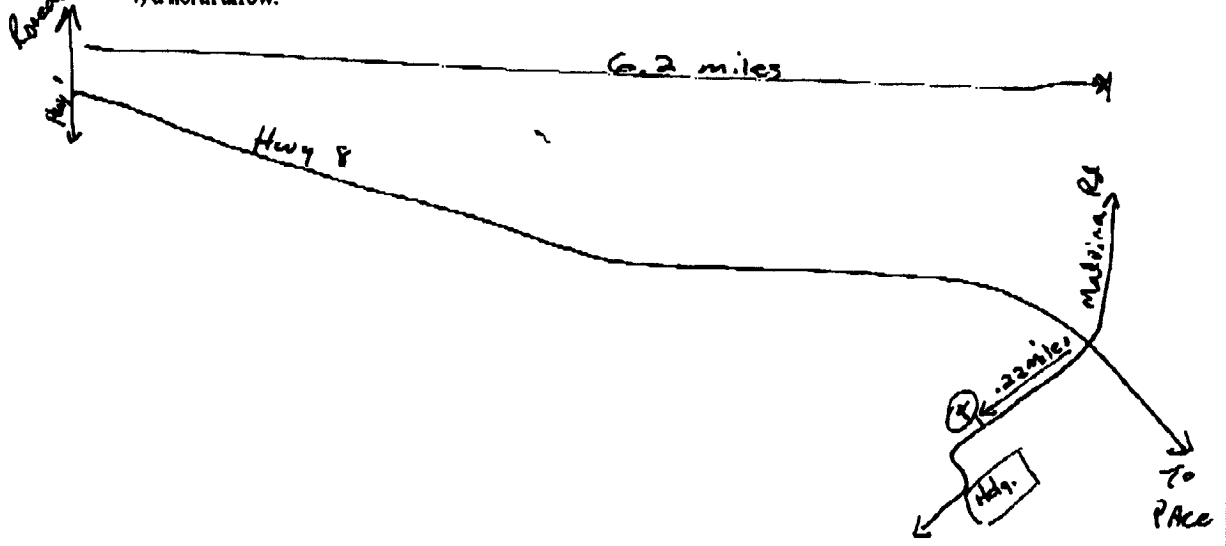


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| Clay | Ground Level | 26 |
| Fine Sand & Clay | 26 | 36 |
| Medium Sand & Clay | 36 | 58 |
| Medium Coarse Sand & Gravel | 58 | 66 |
| Coarse Sand & Gravel | 66 | 120 |
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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: Don Strang

Form: OI.WR-SWR-1A (04/08)

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.

Clayton Miller 0-703 3-4-10
 Print Name of Responsible Licensee and License No. Date

Clayton Miller
 Signature of Licensee

STATE WELL REPORT

County Bolivar
 Permit # _____
 Driller John Rybolt IV
 Date completed 3-3-10
Copy information from block on Part 1

Part 2
Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:
 Aquifer F244
 Well # _____
 Elevation _____

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>Don Strong</u> Mailing Address: <u>8341 North 400 East</u> <u>Bryant</u> <u>IN</u> <u>47326</u> City State Zip Code Telephone No. <u>(812) 863-4541</u> | Latitude: <u>N 33° 49' 33.84"</u> Longitude: <u>W 90° 55' 32.46"</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec <u>21</u> T <u>23N</u> R <u>7W</u> Distance Direction Nearest Town <u>5</u> Miles <u>East</u> of <u>Rosedale</u> Well # <u>5</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift Jet <input checked="" type="radio"/> Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>3-3-10</u> Rated Pump Capacity: <u>1100</u> Gallons Per Minute | Diesel Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): <u>Submersible</u> Horse Power Rating of Motor: <u>25</u> Setting Depth: <u>80</u> feet Number of Stages: <u>1</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: <u>NOT TESTED</u> Static Water Level (A): <u>34</u> feet Below Land Surface Pumping Water Level (B): <u>N/A</u> feet Below Land Surface Drawdown [(B) - (A)]: <u>N/A</u> feet Below Land Surface Test Pumping Rate: <u>N/A</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours | Air Line <input checked="" type="radio"/> Electric Measuring Line Steel Tape Other (specify): _____ For flowing well, measured shut in head: <u>N/A</u> feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping |

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