

#2

County Bolivar
 Permit # GW43991
 Driller Clarence McMurry
 Date drilling completed 3-13-10

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 247
 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.

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| <p>Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name <u>Don Strong</u> Mailing Address: <u>8341 North 400 East</u> <u>Bryant IN 47326</u> City State Zip Code Telephone No. <u>(812) 863-4541</u></p> | <p>Well or Borehole Location</p> <p>Latitude: <u>N33° 49' 33.87"</u> Longitude: <u>W90° 55' 46.84"</u> Method of Lat/Long (circle one): Conventional Survey USGS quad <u>Hand-held GPS</u> Survey-grade GPS <u>NE 1/4 SW</u> Sec <u>21</u> Twn <u>23 N</u> Rng <u>7 W</u> Distance Direction Nearest Town <u>5</u> Miles <u>EAST</u> of <u>Rosedale</u> Well # <u>2</u></p> |
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Well / Borehole Data

Date drilling started: 3-13-10 Date drilling completed: 3-13-10 Hole depth: 115' Hole diameter: 26"

Location of the source of any surface water used for drilling: near by ditch
 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 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) N/A

Static Water Level: 36 feet above or below (circle one) land surface Date measured: 3-15-10

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

Well depth: 1 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 20 feet to 120 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____

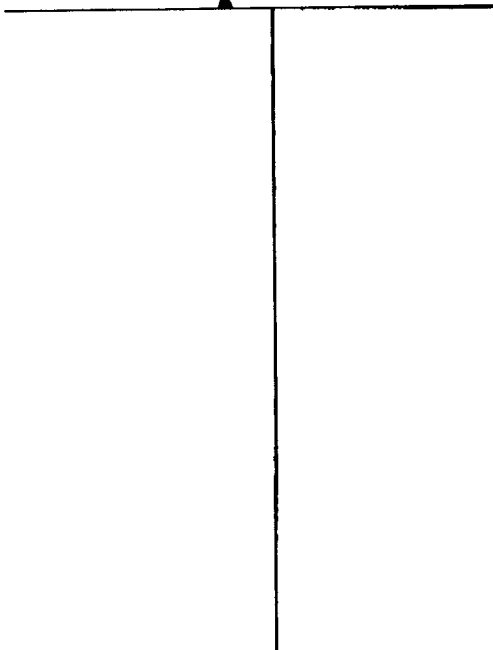
Top of lap pipe or reduction in casing: N/A feet. *If telescoped or more than one screen, describe on next page*

F247

The sketch below only required for water wells

If well telescopes, show depths on sketch

Ground Level \rightarrow

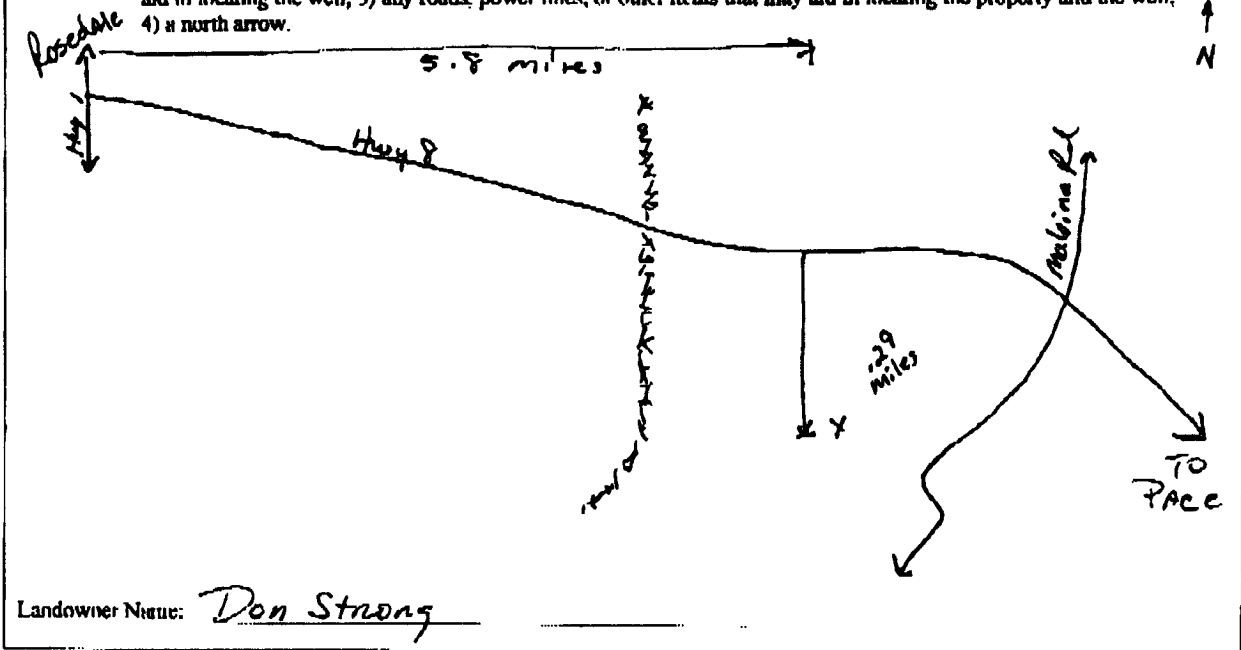


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| Clay & Fine Sand | Ground Level | 15 |
| Fine Sand | 15 | 45 |
| Fine Sand & Medium Sand | 45 | 49 |
| Medium Sand | 49 | 58 |
| Coarse Sand & fine gravel | 58 | 65 |
| Coarse sand & gravel | 65 | 105 |
| Coarse sand & gravel | 105 | 115 |
| Coarse sand & gravel | 115 | 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 Strong

Form: OLWR-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 3-17-10 Clayton Miller
 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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County Bolivar
 Permit # _____
 Driller John Rybolt
 Date completed 3-15-10
Copy information from back on Part 1

For Office Use Only:
 Aquifer F24
 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> | Latitude: <u>N33° 49' 33.87</u> Longitude: <u>W90° 55' 46.24</u> |
| Mailing Address: <u>8341 North 400 East</u> | Method of Lat/Long (check one): Conventional Survey _____ |
| <u>BRYANT</u> IN 47326 City State Zip Code | USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ |
| Telephone No. <u>(812) 863-4541</u> | _____ 1/4 _____ 1/4 Sec: <u>21 T 23N R 7W</u> |
| | Distance _____ Direction _____ Nearest Town _____ |
| | <u>5</u> Miles <u>East</u> of <u>Rosedale</u> Well # <u>2</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>60</u> |
| Date Pump Installed: <u>3-15-10</u> | Setting Depth: <u>70</u> feet |
| Rated Pump Capacity: <u>2500</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 <u>Electric Measuring Line</u> Steel Tape |
| Static Water Level (A): <u>36</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 _____ GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: <u>N/A</u> Gallons Per Minute | |
| Duration of Pump Test (minimum 4 hours): <u>N/A</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