

County: Claiiborns
 Name: LARRY Easley
 Date drilling completed: 1-28-08

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-40
 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)

Owner Name: Magnolia Management

Starting Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____

Well or Borehole Location
 Latitude: 31 59 34 Longitude: 90 52 12

Method of Lat/Long (circle one): Conventional Survey
 USGS quad. Hand-held GPS. Survey-grade GPS

Sec: 51 Twp: 12N Rng: 3E

Distance: _____ Direction: _____ Nearest Town: _____
 Miles of

Well / Borehole Data

Date drilling started: 1-25 Date drilling completed: 1-28 Hole depth: 440' Hole diameter: 77/8"

Elevation of the source of any surface water used for drilling: community water line

Method of casing 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: DEQ

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

Static Water Level: 140' feet above or below (circle one) land surface Date measured: 1-30-08

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

Well depth: 400 well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix _____

Casing length: 380' feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20' feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 008 inches Setting depth: From 380 feet to 400 feet

Method of completion (circle all applicable): Gravel packed Underreamed Telescopic Open hole Natural Development

Other (describe): _____

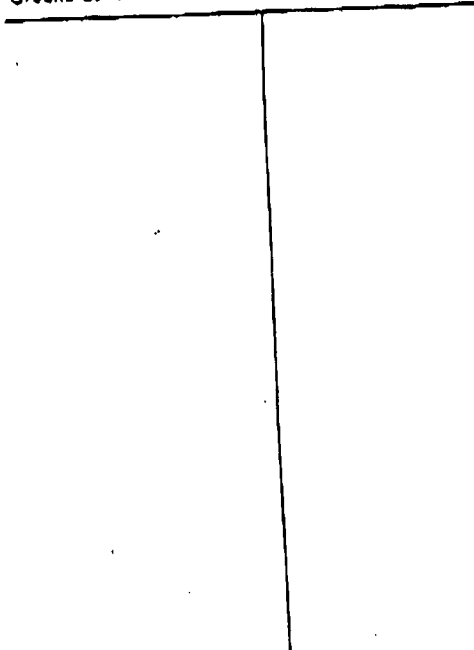
Top of tap pipe or reduction in casing: _____ feet If telescopic or more than one screen, describe on next page

Form: OLWR-SWR-1A

G-40

If well telescopes please sketch below and show depths

Ground Level



Description of Formations Encountered		From	To
CLAY		0	340
Sand		340	345
CLAY		345	375
Sand		375	400
CLAY		400	440

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) indicate direction.

Landowner Name: Magnolia Management

Signature of Water Well Contractor: [Signature]

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 # G-40

Elevation _____

County _____
 Permit # _____
 Driller _____
 Date completed 1-30-08

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information		Well Location	
Owner Name <u>Magnolia Magement</u>		Latitude _____	Longitude _____
Mailing Address _____		Method of Lat/Long (circle one): Conventional Survey _____	
		USGS quad. Hand-held GPS. Survey-grade _____	
City _____ State _____ Zip Code _____		_____ ° _____ ' _____ " _____ Rng _____	
Telephone No. _____		Distance _____ Miles	Direction _____ Nearest Town _____

Pump Type Circle one			Power Type Circle one		
Jet _____	Turbine _____	Flowing Well _____	Diesel Engine _____	Gasoline Engine _____	Natural Gas _____
Bucket _____	Piston _____		<u>Electric Motor</u>	Hand _____	Tractor _____
Centrifugal _____	Rotary _____		Windmill _____	Other (specify): _____	
Other (specify) _____			Horse Power Rating of Motor <u>5</u>		
Date Pump Installed <u>1-30-08</u>			Setting Depth <u>200</u> feet		
Rated Pump Capacity <u>50</u> Gallons Per Minute			Number of Stages: <u>25</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested <u>1-30</u>		Air Line _____	Electric Measuring Line <u>Step Rate</u>
Static Water Level (A) <u>140</u> Feet Below Land Surface		Other (specify): _____	
Pumping Water Level (B) <u>150</u> Feet Below Land Surface		For flowing well, measured shut in head: _____	
Drawdown ((B) - (A)) <u>10</u> Feet Below Land Surface		Well yielded <u>50</u> GPM with a drawdown of _____	
Test Pumping Rate <u>50</u> Gallons Per Minute		<u>10</u> feet after <u>4</u> hours of pumping	
Duration of Pump Test (minimum 4 hours) <u>12</u> hours			

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Larry Easley 310
 Print Name of Pump Installer and License No. (if applicable)
Larry Easley
 Signature of Pump Installer