County: Copiah
Permit #: GW 16295
Driller: Gary Rayborn
Date drilling completed: 4-24-06

State Well Report

Part 1

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 #: J-88
L. S. Elevation: _____
E-log #: _____

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information

Owner Name: Green Brothers Gravel
Mailing Address: 5179 Harmony Rd
(P.O. Box 13218) Jackson MS 39236
Crystal Springs, MS 39059
City State Zip Code
Telephone No. (601) 892-6384

Well Location

Latitude: ___°___'___" Longitude: ___°___'___"
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
___ ¼ ___ ¼ Sec 15 Twn 1N Rng 1W
Distance 7 Miles Direction NE of Nearest Town Hazlehurst

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 4-5-06 Date well drilling completed: 4-24-06
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 105 feet above or below (circle one) land surface Date measured: 4-24-06
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 180' Well depth: 180' Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 150 feet Casing diameter: 6 inches Type of casing: PVC
Screen length: 30 feet Screen diameter: 6 inches Type of screen: PVC
Screen slot size: .020 inches Setting depth: From 150 feet to 180 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 back of page**
Logs run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Rayborn Drilling Inc, O-60
Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

Replaces GW 40054

J-88

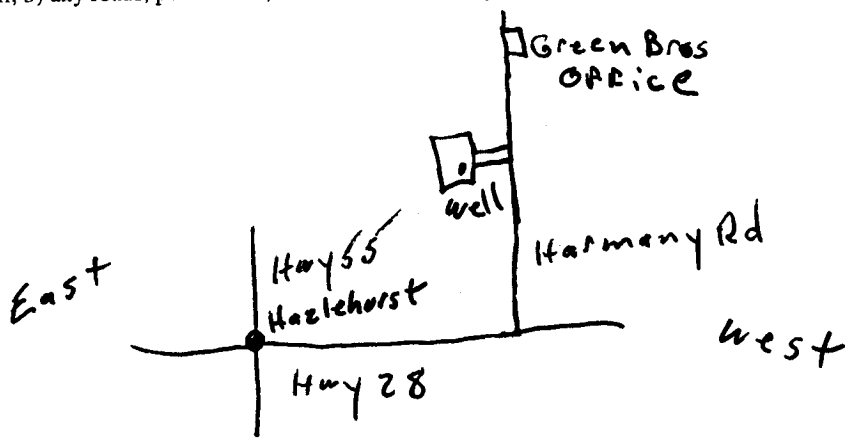
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Sand & Gravel	0	90
Clay	90	150
Sand med	150	180

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: Heyward Carter Green

Signature of Water Well Contractor

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)

County: _____
Permit #: GW 16295
Driller: Gary Rayborn
Date completed: 4-24-06

For Office Use Only:
Aquifer: _____
Well #: J-88
Elevation: _____

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

Owner Name: Green Brothers Gravel
Mailing Address: 5179 Harmony Rd
Crystal Springs MS 39059
City State Zip Code
Telephone No. (601) 892-6384

Well Location

Latitude: _____ Longitude: _____
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
____ ¼ ____ ¼ Sec 15 Twn 1N Rng 1W
Distance Direction Nearest Town
7 Miles NE of Hazlehurst

Pump Type
Circle one

Air Lift, Jet, (Submersible), Bucket, Piston, Turbine, Centrifugal, Rotary, Flowing Well
Other (specify): _____
Date Pump Installed: 4-24-06
Rated Pump Capacity: 350 Gallons Per Minute

Power Type
Circle one

Diesel Engine, Gasoline Engine, Natural Gas, (Electric Motor), Hand, Tractor PTO, Windmill, Other (specify): _____
Horse Power Rating of Motor: 25HP
Setting Depth: 175 feet
Number of Stages: 6

Pump Test Data

Date Well Tested: 4-24-06
Static Water Level (A): 105 Feet Below Land Surface
Pumping Water Level (B): _____ Feet Below Land Surface
Drawdown [(B) – (A)]: _____ Feet Below Land Surface
Test Pumping Rate: 350 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): _____ hours

Method of Measuring Water Level
Circle one

(Air Line), Electric Measuring Line, Steel Tape
Other (specify): _____
For flowing well, measured shut in head: _____ feet
Well yielded 350 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.

Gary Rayborn 0-60
Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer