

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2307
Jackson, MS 39225
(601)961- 5210
(601)961- 5228 (fax)

County: Copiah
Permit #: _____
Driller: walker-hill Environmental, Inc.
Date drilling completed: 5/7/2010

For Office Use Only:
Aquifer: V 45
Well #: _____
L. 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)	Well or Borehole Location
Owner Name <u>BFEL Indemnitor, c/o First Env.</u>	Latitude: <u>31 ° 42 ' 38 "</u> Longitude: <u>90 ° 23 ' 32 "</u>
Mailing Address: <u>1200 Chastain Rd., Suite 304</u>	Method of Lat/Long (circle one): Conventional Survey, <u>USGS quad</u> Hand-held GPS, Survey-grade GPS
<u>Kennesaw</u> GA 30144 City State Zip Code	<u>NE 1/4 SW 1/4</u> Sec <u>34</u> Twn <u>9N</u> Rng <u>8E</u>
Telephone No. (<u>770</u>) <u>424-3344</u>	Distance Direction Nearest Town <u>0</u> Miles <u>N</u> of <u>Wesson</u>

Well / Borehole Data

Date drilling started: 5/3/10 Date drilling completed: 5/7/10 Hole depth: 150' Hole diameter: 8"

Location of the source of any surface water used for drilling: N/A
Method of dosing and volume of Chlorine used in drilling and development: N/A

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): No log run

Purpose of borehole (check one): Water Well ___ Geotechnical/Geological Investigation ___ Ground Source Heat Pump ___
Seismic Survey ___ Other (describe) (2) Monitor/Recovery wells

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: monitors

If a flowing well, method of flow regulation: Valve ___ N/A Other (describe) _____

Static Water Level: 86 feet above or below (circle one) land surface Date measured: 5/7/10

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

Well depth: 150' Well grouted to a depth of 43 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 50 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 100 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 50 feet to 150 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***

Form: OLWR-SWR-1A (04/08)

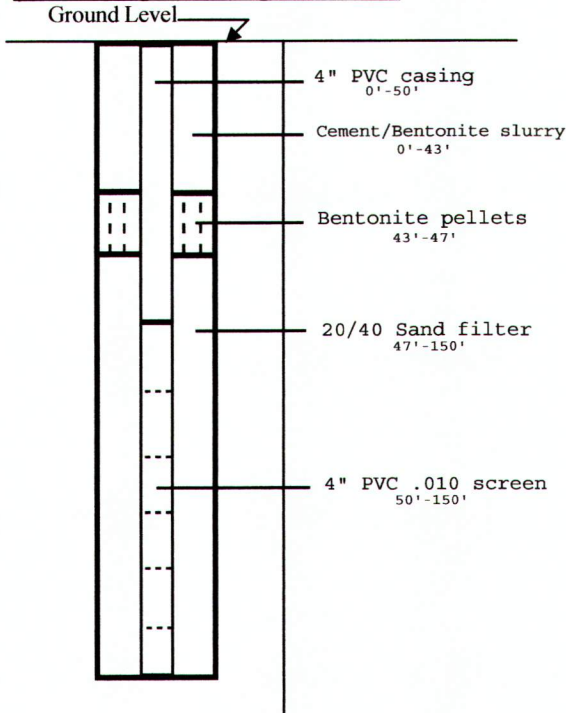
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The sketch below only required for water wells

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

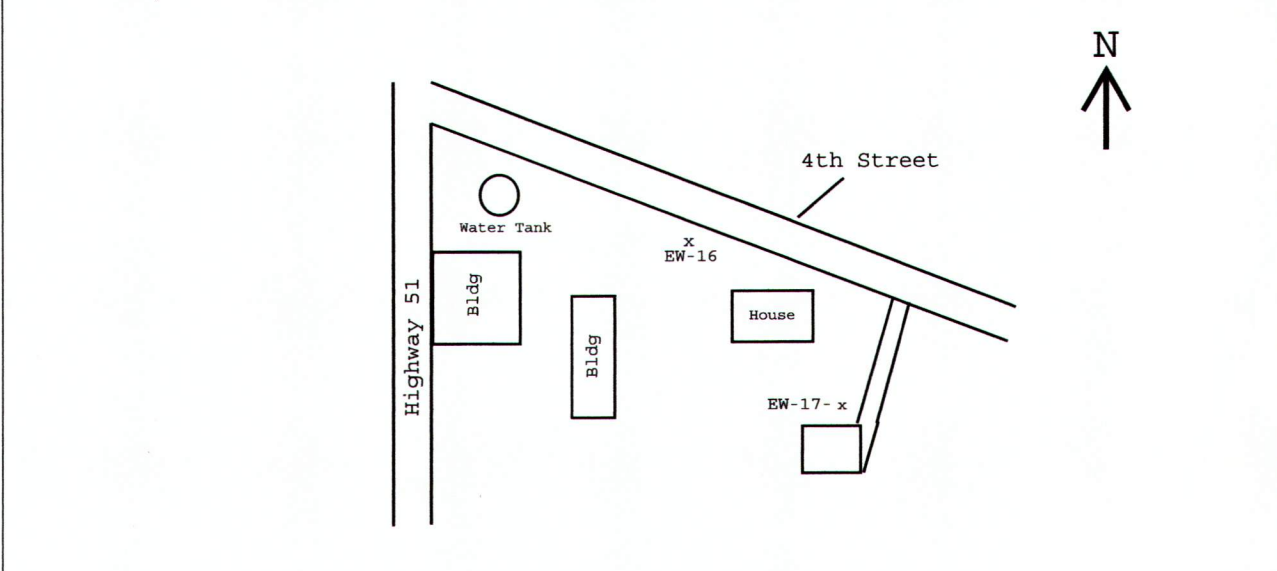
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Red sand w/gravel	Ground Level	20'
Sand and gravel	20'	35'
Gray clay	35'	60'
Clay	60'	70'
Sand and gravel	70'	80'
Clay	80'	90'
Sand	90'	95'
Clay	95'	100'
Gray clay	100'	120'
Rock	120'	123'
Red clay	123'	150'

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: BFEL Indemnitor - (EW-16 & EW-17)

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

Cary P. Hill

0-578

5-17-10

C.P. Hill

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Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

MAY 20 2010

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