| County: Coving Ton Co. |
|---------------------------------|
| Permit #: |
| Driller: Office of godoy |
| Date drilling completed: 6/3/09 |

State Well Report

Part 1 - 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 #: | B0058 |
| L. S. Eleva | tion: |
| E-log #: | 3-0058 |

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.

| Department at the above address within 30 days of comp | netion of ariting of the well or borehole. |
|--|--|
| Information on Well Owner | Well or Borehole Location |
| Owner Name Owner if borehole is not for a water well) | Latitude: 3/ ° 43 ' 26" Longitude: 49°35 ' 44" |
| | Method of Lat/Long (circle one): Conventional Survey, |
| Mailing Address: 204 Sping Lake (V | Voca III II coo a |
| | USGS quad Hand-held GPS Survey-grade GPS |
| Pew) MS 39208 | NW 1/4 NE 1/4 Sec 27 Twn 901 Rng 16W |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. (601) 933-9200 | Distance Direction Nearest Town - 7 Miles Of Collins |
| Well / Bore | hole Data |
| Date drilling started: 6/1/09 Date drilling completed: 6/3/0 | Hole depth: 400 Hole diameter: 5 |
| Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and developments. | opment: /gul per 1000 water |
| Logs run (circle all applicable): No log run Name of organization running log(s): | Density Sonic Neutron Other: |
| Purpose of borehole (check one): Water Well Geotechnical/Geolo | |
| Seismic SurveyOther (describe) If drilling is not related to water well construction | |
| Purpose of Well (check one): Home Industrial Public Supply | Irrigation Fish Culture Other: |
| If a flowing well, method of flow regulation: Valve Or | ther (describe) |
| Static Water Level:feet above or below (circle one) la | and surface Date measured: |
| Method of Measurement (circle one) steel tape electric tape | air line other: |
| Well depth: Well grouted to a depth offeet Type | of grout (circle one): Neat Cement Bentonite Mix |
| Casing length:feet Casing diameter: | inches Type of casing: |
| Screen length:feet Screen diameter: | inches |
| Screen slot size:inches Setting depth: From _ | feet tofeet |
| Type of completion (circle all applicable): Gravel packed Under | reamed Telescoped Open hole Natural Development |
| Other (describe): | |
| Top of lap pipe or reduction in casing:feet. <u>If tel</u> | escoped or more than one screen, describe on next page |
| | E CLIME CIME 14 |

Form: OLWR-SWR-1A

No pump installed

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JUN 15 2009

BY: OLWR

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 | 66 |
| Garnet. | 66 | 160 |
| Sanci Clay | 110 | 200 |
| Clasi | 500 | 220 |
| Sund. | 220 | 230 |
| Clark | 236 | 235 |
| Gara | 285 | 320 |
| Max | 320 | 330 |
| Muestone + surge | 4336 | 350 |
| Clark | 350 | 365 |
| Sant | 265 | 310 |
| clay | 370 | 400 |
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If more than one screen, show location of each on sketch

| | , | a north arr | | | | | |
|-----|----------|-------------|--|--|--|--|--|
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| ndo | wner Nan | ne: | | | | | |

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

Print Name of Proposition Linear and Linear No.

0619

Date

Signature of Licenses

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