

#2

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 #: C-47
 L. S. Elevation: _____
 E-log #: _____

County: Covington
 Permit #: _____
 Driller: Ray V. West Drilling
 Date drilling completed: 10-26-06

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 | Well Location |
|-----------------------------------------|---------------------------------------------------------------------------|
| Owner Name: <u>Blue River LLC</u> | Latitude: <u>31.44.</u> " Longitude: <u>89.30.</u> " |
| Mailing Address: <u>152 Old Farm Rd</u> | Method of Lat/Long (circle one): <u>DOT MAP</u> Conventional Survey, |
| <u>Madison MS 39110-8057</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>NE 1/4 SW 1/4 Sec 15 Twn 9N Rng 15W</u> |
| Telephone No. <u>(601) 765-6492</u> | Distance <u>9</u> Miles Direction <u>E</u> of Nearest Town <u>MT DUNE</u> |

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 10-25-06 Date well drilling completed: 10-26-06

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

Static Water Level: 120 feet above of below (circle one) land surface Date measured: 10-26-06

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

Hole depth: 216 Well depth: 216 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 206 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC slotted

Screen slot size: 010 inches Setting depth: From 206 feet to 216 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.

David A. West 0-672
 Print Name of Water Well Contractor and License No.

David A. West
 Signature of Water Well Contractor

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#2

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: Covington
 Permit #: _____
 Driller: Rey V. West Drilling
 Date completed: 10-26-06

For Office Use Only:
 Aquifer: _____
 Well #: C-47
 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 | Well Location |
|-----------------------------------------|-------------------------------------------------------------|
| Owner Name: <u>Blue River LLC</u> | Latitude: <u>31°44'</u> Longitude: <u>89°30'</u> |
| Mailing Address: <u>152 Old Farm Rd</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Madison MS 39110-8057</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>NE 1/4 SW 1/4 Sec 15 Twn 9N Rng 15W</u> |
| Telephone No. <u>(601) 765-6492</u> | Distance Direction Nearest Town |
| | <u>9 Miles E of MT OLIVE</u> |

| Pump Type Circle one | Power Type Circle one |
|---------------------------------------------------|-------------------------------------------|
| Air Lift Jet <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>5</u> |
| Date Pump Installed: <u>10-26-06</u> | Setting Depth: <u>160</u> feet |
| Rated Pump Capacity: <u>55</u> Gallons Per Minute | Number of Stages: _____ |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--------------------------------------------------------|-----------------------------------------------------|
| Date Well Tested: _____ | Air Line Electric Measuring Line Steel Tape |
| Static Water Level (A): _____ Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): _____ Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: _____ Feet Below Land Surface | Well yielded _____ GPM with a drawdown of |
| Test Pumping Rate: _____ Gallons Per Minute | _____ feet after _____ hours of pumping |
| Duration of Pump Test (minimum 4 hours): _____ hours | |

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

David A. West 0-672
 Print Name of Pump Installer and License No. (if applicable)

David A. West
 Signature of Pump Installer

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NOV 28 2006

BY: OLWR