

County: George
 Permit #: _____
 Driller: Michael S. Havard
 Date drilling completed: 6-02-08

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 #: G-160
 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.

<p align="center">Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name <u>Brandon Stringfellow</u> Mailing Address: <u>207 Shipman Road</u> <u>Lucedale MS 39452</u> City State Zip Code Telephone No. <u>(601) 673-0137</u></p>	<p align="center">Well or Borehole Location</p> <p>Latitude: <u>30° 52' 26"</u> Longitude: <u>88° 32' 07"</u> 87 ✓ Method of Lat/Long (circle one): <u>Hand-held GPS</u> 89 USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <u>SW</u> ¼ <u>NE</u> ¼ Sec <u>X13</u> Twn <u>T25</u> Rng <u>R6W</u> Distance <u>3</u> Miles Direction <u>South</u> of Nearest Town <u>Lucedale</u></p>
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Well / Borehole Data

Date drilling started: 6-02-08 Date drilling completed: 6-02-08 Hole depth: 280 Hole diameter: 4.25

Location of the source of any surface water used for drilling: _____
 Method of dosing 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 log(s): MS Office of Geology G-0160

Purpose of borehole (check one): Water Well ___ Geotechnical/Geological Investigation X 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: Test Hole

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

Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____

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

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

Casing length: _____ feet Casing diameter: _____ inches Type of casing: _____

Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____

Screen slot size: _____ inches Setting depth: From _____ feet to _____ 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

Map shows this Test Well in relation to two other wells.

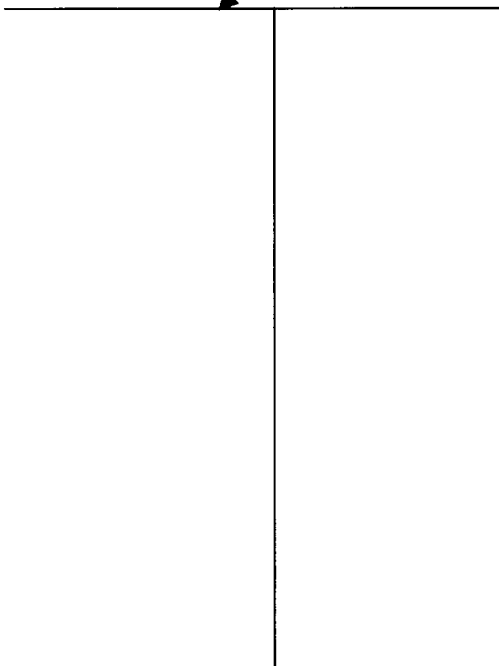
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G-160

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →

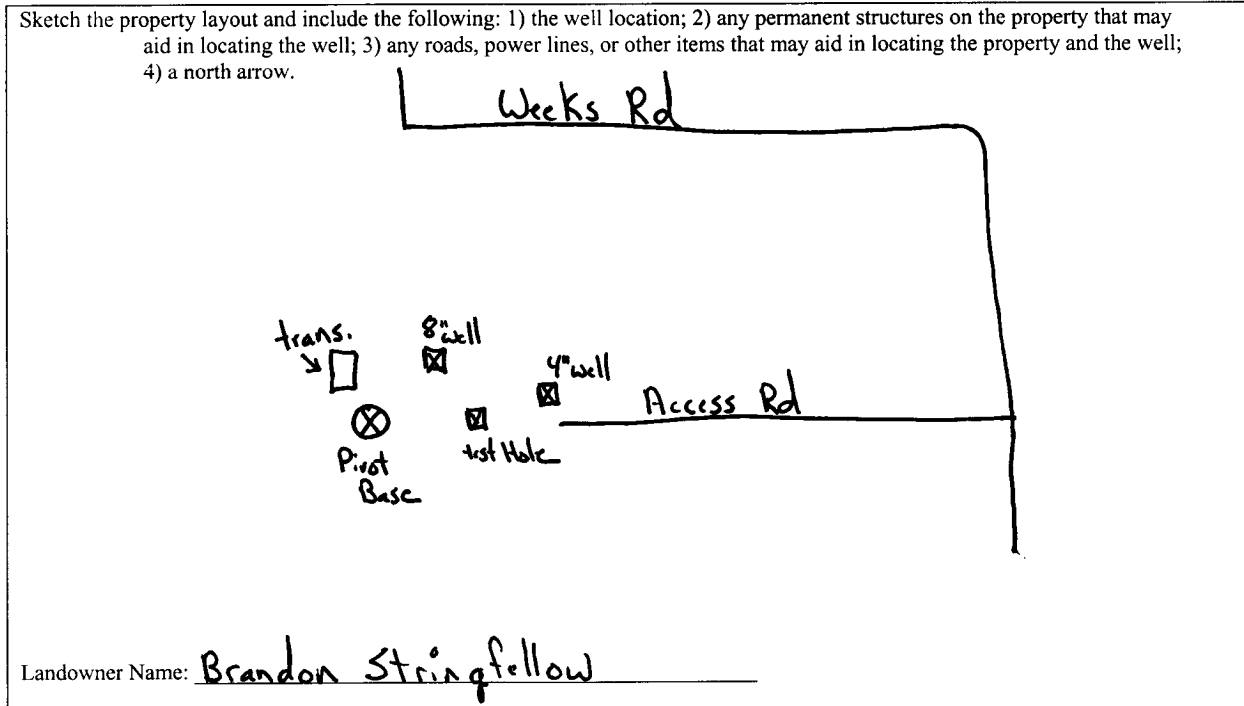


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Top Sand	Ground Level	3
Clay	3	22
Sand	22	55
Sand/w clay strips	55	75
Sand (med)	75	95
Sand (med-coarse)	95	130
Clay	130	205
Silt	205	220
Sand (med)	220	230
Sand (med-coarse)	230	255
Sand (coarse/gravel)	255	260
Clay	260	280

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: Brandon Stringfellow

Form: OLWR-SWR-1A

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 laws.

Michael S. Howard 0-673 7-18-08
 Print Name of Responsible Licensee and License No. Date

[Signature]
 Signature of Licensee

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