

County: George County
 Permit #: 0-780
 Driller: W. Joel Pierce
 Date drilling completed: 3-10-07

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 #: L-158
 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 <i>(Landowner if borehole is not for a water well)</i> | Well or Borehole Location |
|---|---|
| Owner Name: <u>Bo Bourden</u> | Latitude: <u>88° 33' 59.6"</u> Longitude: <u>30° 49' 59.59"</u> |
| Mailing Address: <u>Lot 12 Glenwood Acres</u> | Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey |
| <u>Lumbale MS 39452</u> | USGS quad: <u>NW 1/4 SW 1/4 Sec 35 Twn 735 Rng 6W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>(228) 869-2483</u> | <u>3 Miles WEST of Aquila, MS</u> |

Well / Borehole Data

Date drilling started: 3-9-07 Date drilling completed: 3-10-07 Hole depth: 330 Hole diameter: 4 inch

Location of the source of any surface water used for drilling: Aquila MS
 Method of dosing and volume of Chlorine used in drilling and development: 4 spl Chlorin 2000 water

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

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ 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: _____

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

Static Water Level: 15 feet above below (circle one) land surface Date measured: 3-10-07

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

Well depth: 330 Ft Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 320 feet Casing diameter: 4 inches Type of casing: Sch 40 Plastic

Screen length: 10 feet Screen diameter: 4 inches Type of screen: Sch 80 Plastic

Screen slot size: 8 inches Setting depth: From 0 feet to 330 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
320 casing 10 Ft screen

Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

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The sketch below only required for water wells
If well telescopes, show depths on sketch

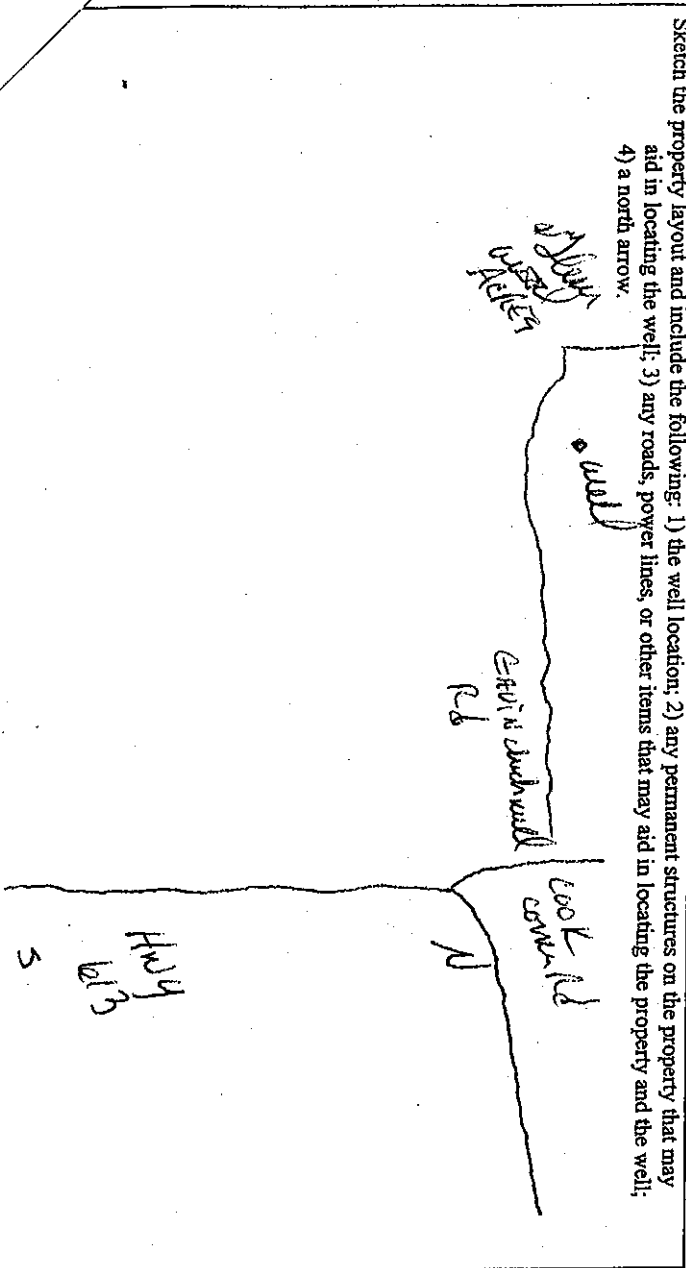
Ground Level

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

| Description of Formations Encountered | From (depth) Ground Level | To (depth) |
|---------------------------------------|------------------------------|------------|
| Red Sails | 0 | 100 |
| green clay | 100 | 250 |
| green sand | 250 | 350 |
| | | |
| | | |
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| | | |

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.



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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: Dezard County
 Permit #: 0-780
 Driller: W. Joel Pierce
 Date completed: 3-10-07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: L-158
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

| Well Owner Information | Well Location |
|---|---|
| Owner Name: <u>Bo Boudon</u> | Latitude: <u>88-33-596</u> Longitude: <u>30-49-981</u> |
| Mailing Address: <u>Lot 12 Glenwood Acres</u> | Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> <u>36</u> |
| <u>Lucedah, MS</u> <u>39452</u> | USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| City State Zip Code | <u>AW 1/4 SW 1/4 Sec 35 T735 R6W</u> |
| Telephone No. <u>(601) 869-2483</u> | Distance Direction Nearest Town <u>3 Miles west of Agola</u> |

| Pump Type Circle one | Power Type Circle one |
|--|--|
| Air Lift Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <u>Electric Motor</u> <input checked="" type="checkbox"/> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>2</u> |
| Date Pump Installed: <u>3-10-07</u> | Setting Depth: <u>150 FT Discharge</u> <u>100</u> feet |
| Rated Pump Capacity: <u>40</u> Gallons Per Minute | Number of Stages: <u>10</u> |

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| Pump Test Data | Method of Measuring Water Level Circle one |
|---|--|
| Date Well Tested: <u>3-10-07</u> | <u>Air Line</u> <input checked="" type="checkbox"/> Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>15</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>100</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>83</u> Feet Below Land Surface | Well yielded <u>40</u> GPM with a drawdown of |
| Test Pumping Rate: <u>40</u> Gallons Per Minute | <u>83</u> feet after <u>48</u> hours of pumping |
| Duration of Pump Test (minimum 4 hours): <u>48</u> hours | |

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

Joel Pierce 0-780 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer