

County: Desoto
 Permit #: 0-780
 Driller: W. Joel Pierce
 Date drilling completed: 7-28-07

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-165
 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>Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Tony Mitchell</u> Mailing Address: <u>Blenn Vincent Rd</u> <u>Loth 29</u> <u>Lucedale MS 39452</u> City State Zip Code Telephone No. <u>(601) 508-8500</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>88° 32' 25"</u> Longitude: <u>30° 47' 49"</u> Method of Lat/Long (circle one): Conventional Survey, <u>49</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>SESW</u> 1/4 Sec <u>12</u> Twn <u>35</u> Rng <u>6W</u> Distance Direction Nearest Town <u>2</u> Miles <u>west</u> of <u>Aquada</u> <u>probably further WNW of the site</u></p>
---	--

Well / Borehole Data

Date drilling started: 7-28-07 Date drilling completed: 7-28-07 Hole depth: 190 Hole diameter: 3 inch

Location of the source of any surface water used for drilling: Aquada, MS
 Method of dosing and volume of Chlorine used in drilling and development: 4 gal chlorine 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 _____ 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: 8 feet above or (below) (circle one) land surface Date measured: 7-28-07

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

Well depth: 190 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement (Bentonite) Mix

Casing length: 170 feet Casing diameter: 3 inches Type of casing: Sch 40 Plastic

Screen length: 20 feet Screen diameter: 3 inches Type of screen: Sch 80 11

Screen slot size: 6 inches Setting depth: From 0 feet to 190 feet
170 casing 20FT screen

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*

RECEIVED
 AUG 01 2007
 BY: OLWR

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)

For Office Use Only:

Aquifer: _____

Well #: L-165

Elevation: _____

County: George
 Permit #: 0-780
 Driller: W. Joel Pierce
 Date completed: 7-28-07
 Copy information from block on Part 1

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

Owner Name: Tony Mitchell
 Mailing Address: Blen Vincent Rd
Lot 29
Lumbala MS 39452
 City State Zip Code
 Telephone No. (601) 508-8500

Well Location

Latitude: 88-32263 Longitude: 30 47 818
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____, Hand-held GPS , Survey-grade GPS _____
SE 1/4 SW 1/4 Sec 12 T 35 R 6W
 Distance Direction Nearest Town
2 Miles west of Aquila, ms

Pump Type

Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 7-28-07
 Rated Pump Capacity: 30 Gallons Per Minute

Power Type

Circle one

Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: 1 hp
 Setting Depth: 60 FT drop pipe feet
 Number of Stages: 8

Pump Test Data

Date Well Tested: 7-28-07
 Static Water Level (A): 8 Feet Below Land Surface
 Pumping Water Level (B): 50 Feet Below Land Surface
 Drawdown [(B) - (A)]: 342 Feet Below Land Surface
 Test Pumping Rate: 30 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 48 hours

Method of Measuring Water Level

Circle one

Air Line Electric Measuring Line Steel Tape
 Other (specify): _____
 For flowing well, measured shut in head: _____ feet
 Well yielded 30 GPM with a drawdown of
3 feet after 48 hours of pumping

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)

Joel Pierce
 Signature of Pump Installer