

County: DeKalb
 Permit #: 0-700
 Driller: J Pin
 Date drilling completed: 4-6-11

State Well Report
 Part I - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2307
 Jackson, MS 39225
 (601) 961-5210
 (601) 961-5225 (fax)

For Office Use Only
 Auditor: L 211
 Well #: _____
 U.S. Elev. _____
 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
 (Lundown if borehole is not for a water well)

Owner Name: Sherry Jones
 Mailing Address: 119 Ida Miller Rd
Cudahy MS 39452
 City State Zip Code
 Telephone No.: 228, 990-6880

Well or Borehole Location
 Latitude: 30 49 244¹⁷ Longitude: 88 36 627³⁷
 Method of Lat Long (circle one): Conventional Survey
 USGS quad: Hand-held GPS, Survey-grade GPS
 NAD: NE to Sec 5 Twp 35 Rng 6W
 Distance _____ Direction _____ Nearest Town _____
 _____ Miles _____

Well - Borehole Data
 Date drilling started: 4-6-11 Date drilling completed: 4-6-11 Hole depth: 130 Hole diameter: 2
 Location of the source of any surface water used for drilling: Agula, MS
 Method of dosing and volume of Chlorine used in drilling and development: 2000 wash 4 gal chlon
 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 _____

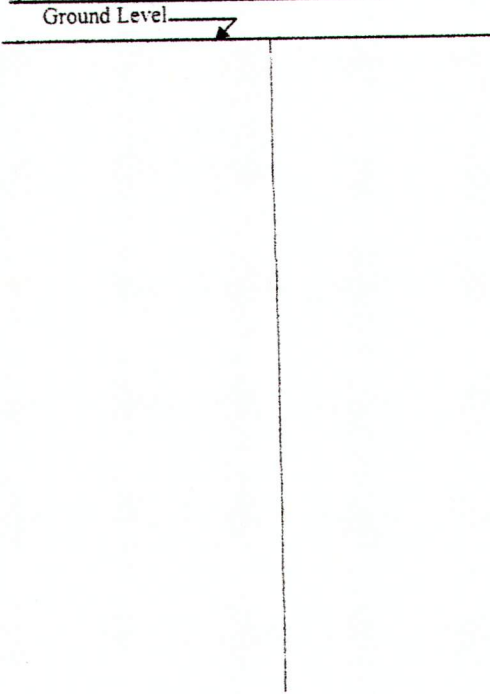
If drilling is not related to water well construction, skip the remainder of this block

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: 3 feet above below (circle one) land surface Date measured: 4-6-11
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 130 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mortar
 Casing length: 120 feet Casing diameter: 2 inches Type of casing: sch 40 Plastic
 Screen length: 10 feet Screen diameter: 2 inches Type of screen: sch 40 Plastic
 Screen slot size: 6 inches Setting depth: From 0 feet to 130 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*

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The sketch below only required for water wells.

If well telescopes, show depths on sketch.

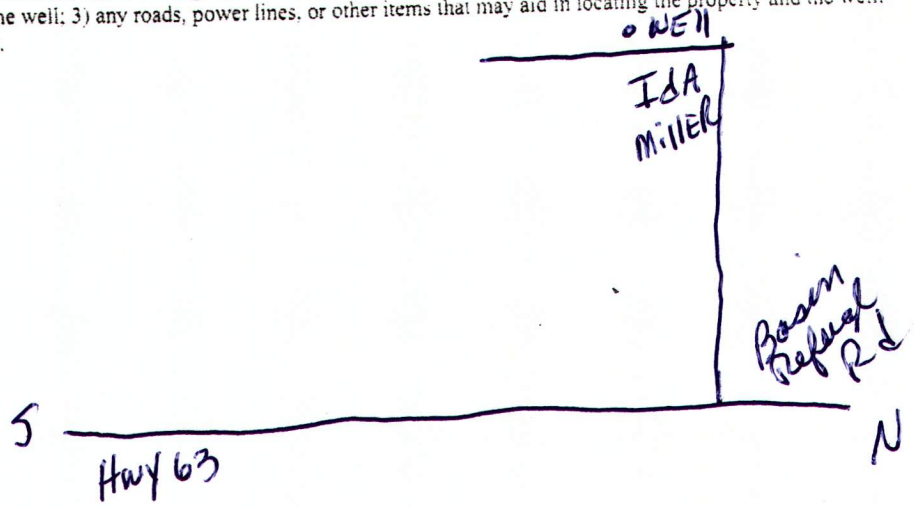


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
red sand	0	20
yellow clay	20	50
gravel	50	130

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: Sherry Groves

Form: OLWR-SWR-1A (04-08)

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.

Joel Pice 4-6-11
Print Name of Responsible Licensee and License No. Date

Joel Pice RECEIVED
Signature of Licensee

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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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: DeSoto
 Permit #: 0-780
 Driller: Joel Pin
 Date completed: 4-6-11
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: _____
 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>Sherry Jones</u>	Latitude: <u>30-49-294</u> Longitude: <u>88-36-627</u>
Mailing Address: <u>119 Ida Miller Rd</u>	Method of Lat Long (check one): Conventional Survey _____
<u>Lucedale MS 39452</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 NW 1/4 Sec 5 T 35 R 6W</u>
Telephone No. <u>(228) 990-6880</u>	Distance Direction Nearest Town <u>4</u> Miles <u>NW</u> of <u>Barton, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>4-6-11</u>	Setting Depth: <u>60 ft incl</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-6-11</u>	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>3</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>60</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>2</u> Feet Below Land Surface	Well yielded <u>10</u> GPM with a drawdown of
Test Pumping Rate: <u>10</u> Gallons Per Minute	<u>2</u> feet after <u>48</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>48</u> hours	RECEIVED

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

Joel Pin 0-780 Joel Pin
Signature of Pump Installer APR 18 2011
 Print Name of Pump Installer and License No. (if applicable) BY: OLWR
 Form: OLWR-SWR-1B (04/08)