County: Hinds
Permit #:
Driller: Will Barlow
Date drilling completed: 7-2-08

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: P 111
Well #:
L. S. Elevation:
E-log #:

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

Owner Name: Michael Brock
Mailing Address: 236 S Ave
Crystal Springs, MS 39059
City State Zip Code
Telephone No. (601) 892-1240

Well Location

Latitude: 32 - 12 - 43 N Longitude: 90 - 27 - 34 W
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
SW ¼ SW ¼ Sec. 1 Twn. 4N Rng. 3W
Distance 6 Miles Direction SE of Nearest Town Raymond

Well Data

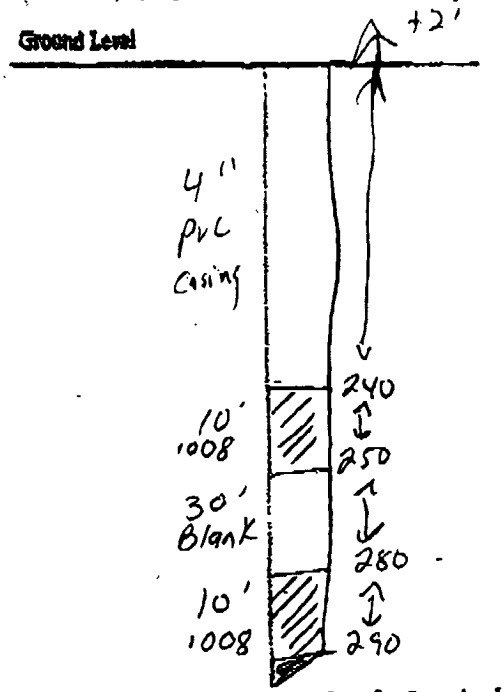
Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other:
Date well drilling started: 6-20-08 Date well drilling completed: 7-2-08
If flowing, method of flow regulation: Valve Other (describe)
Static Water Level: 80 feet above or below (circle one) land surface Date measured: 7-1-08
Method of Measurement (circle one): steel tape electric tape air line other:
Hole depth: 320 Well depth: 290 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 240 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC Slotted
Screen slot size: .008 inches Setting depth: From 240 + 280 feet to 250 + 290 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): DEQ. P-111

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.

Arnold Finch Jr. 0-560
Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

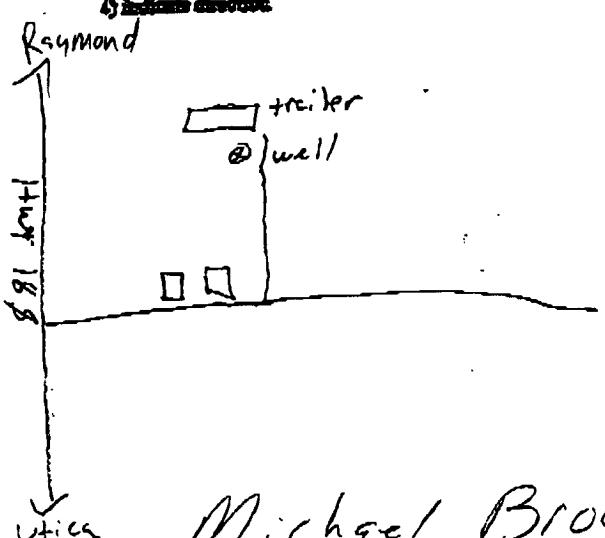
If well telescopes please sketch below and show depths.



Description of Formations Encountered	FROM	TO
Sand + Clay	0	210
Limestone + Marl	210	240
Sand	240	250
Clay + Lishiche	250	280
Sand	280	290
Clay	290	—

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 structure 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) indicate direction.



Landowner Name Michael Brock

Signature of Water Well Contractor

STATE WELL REPORT
Part 2

County: Hinds
Permit #:
Driller: Will Barlow
Date completed: 7-2-08

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: P111
Well #:
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

Owner Name: Michael Brock
Mailing Address: 236 S. Ave
Crystal Springs, MS 39059
City State Zip Code
Telephone No. (601) 892-1240

Well Location

Latitude: 321243N Longitude: 902734W
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
SW ¼ SW ¼ Sec 1 Twn 4N Rng 3W
Distance Direction Nearest Town
6 Miles S of Raymond

Pump Type Circle one

Air Lift, Jet, Submersible, Bucket, Piston, Turbine, Centrifugal, Rotary, Flowing Well
Other (specify):
Date Pump Installed: 7-1-08
Rated Pump Capacity: 10 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
Setting Depth: 200' feet
Number of Stages: 14

Pump Test Data

Date Well Tested: 7-1-08
Static Water Level (A): 80 Feet Below Land Surface
Pumping Water Level (B): 140 Feet Below Land Surface
Drawdown [(B) – (A)]: 60 Feet Below Land Surface
Test Pumping Rate: 15 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 4 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 15 GPM with a drawdown of 60 feet after 4 hours of pumping

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

Arnold Fincher Jr 0-560
Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer