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APR-08-08 00:00 NEW-LAND & WATER

001-001-0000

T-000 F-000 P-000

County: Hinds
 Parish: _____
 Date: July Bayles
 Date of completion: 4-28-08

State Well Report
 Part I - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10001
 Jackson, MS 39208-0001
 (601)354-6225
 (601)354-6226 (fax)

Well or Service No.: _____
 Log No.: R-229
 Well No.: _____
 L.S. Number: _____
 Date: _____

9108

This Log requires that this report be prepared by the license holder responsible for the well and filed with the Department of the state within 30 days of completion of drilling of the well or service.

Information on Well Owner
 (Name and address of person or company who owns well)

Owner Name: ELANE BOATMAN
 Mailing Address: 1335 OWENA RD
Jerry MS 39170
 Phone No: 601 932 0100
Kevin Ray - Harvesters Bush - Center

Well or Service Location
 (Location of well or service)

Well or Service No.: 32117 Length: 90' 22' 20"
 Well or Service Name: Commercial Survey
 DEED and land Survey No: 000
 N 1/4 Sec 18 T 9 N R 14 W
 Township: 14 Range: 14 Section: 18
 County: Hinds State: MS
 Well Name: N Driller Name: Jerry

Date of Log started: _____ Date of Log completed: _____ Well depth: _____ Well diameter: _____

Location of the source of any surface water used in drilling: _____
 Method of determining volume of fluid used in drilling and in setting and cementing: _____

Logs on file at applicable state agency: State Agency: _____ County: _____ District: _____
 Name of applicable agency: _____

Purpose of well (check one): Water Well _____ Geophysical/Geological Investigation _____ Geop. Survey and Drilling _____
 Other (describe): _____

Purpose of well (check one): Mine _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other _____

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

Well Water Level: _____ Set above or below (state one) land surface _____ Datum used: _____

Method of measurement (state one): level type _____ depth type _____ air line _____ other: _____

Well depth: _____ Well cased to a depth of _____ feet Type of casing (state one): Non-Cemented _____ Reinforced _____
 Casing length: _____ feet Casing diameter: _____ inches Type of casing: _____

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

Screen details: _____ inches Casing depth: _____ feet Set to _____ feet

Type of completion (check all applicable): Cemented _____ Unbonded _____ Thermal _____ Operable _____ Plugged/Abandoned _____
 Other (describe): _____

Top of log pipe construction in casing: _____ feet (Indicate any casing, screen, or other material used)

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05-08-08 08:18 FIELD-LAND & WATER

001-054-0008

T-004 P.00

P-002

*R-229
G108*

The above information should be reviewed for accuracy.

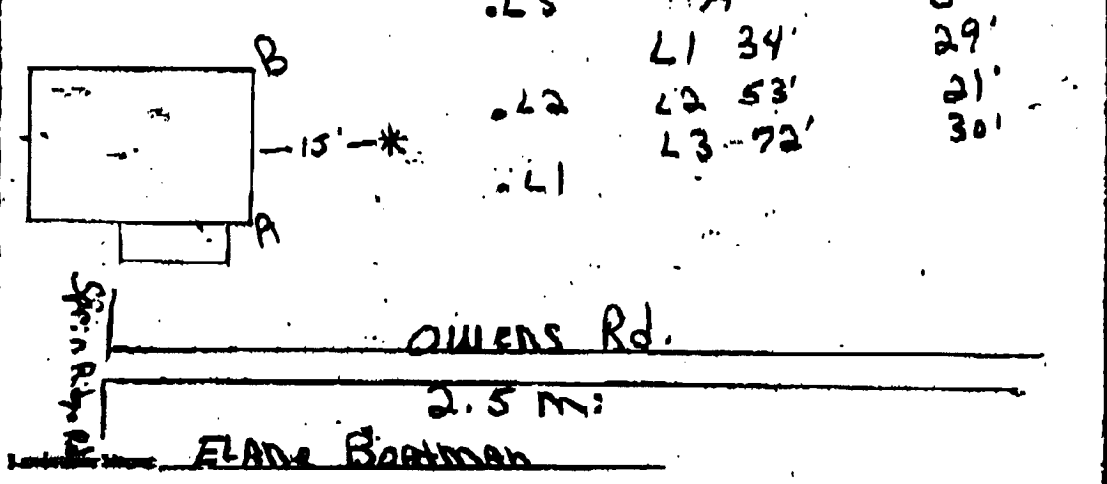
Map of property should be attached at this point.
Ground Level _____

Availability of Groundwater should be reported for all wells and for the water table, if available.

Depth from Ground Surface	From Month To Month	Quality
Red clay	7	40/4
Black	16/16	42/4
SAND CLAY	42/16	200/4

If more than one owner, show location of well on sketch.

Sketch the property layout and include the following: 1) the well location; 2) any proposed structures on the property that may be in locating the well; 3) any roads, power lines, or other features that may add to locating the property and the well; 4) a north arrow.



I certify that the well described 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.

For: Frank Donforth e-68267 5-19-08 Frank Donforth
 Print Name of Responsible Person and License No. Date Signature (if license)

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Total Service Company, Inc.

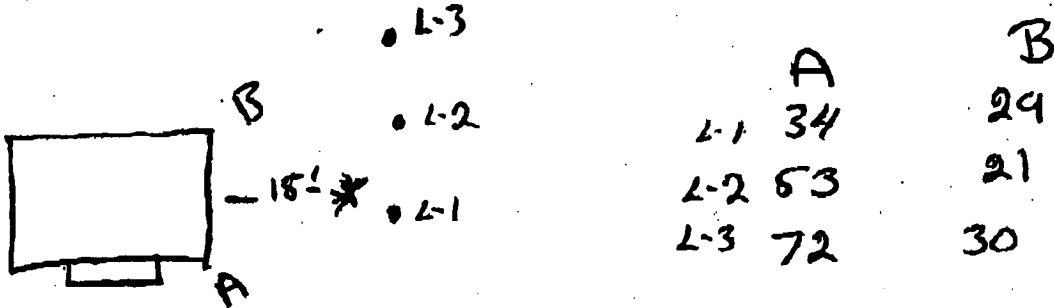
A-227

Brenda Danforth
Owner

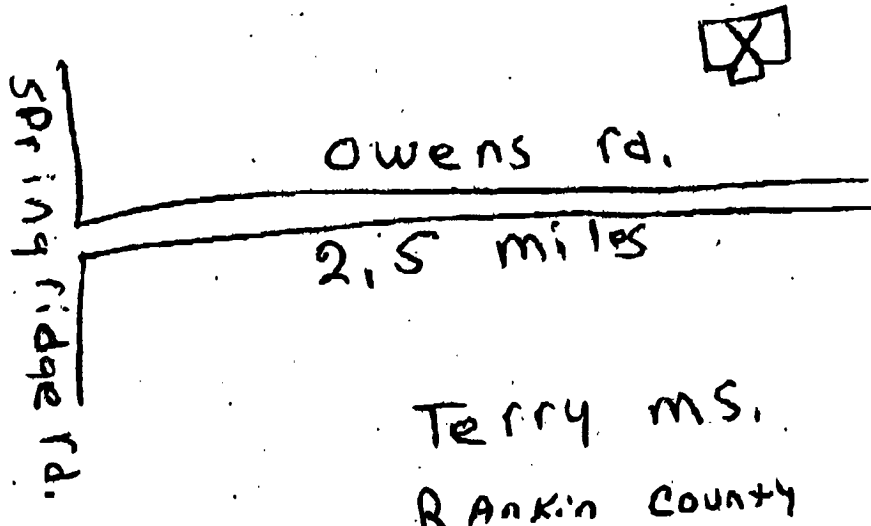
425 Hallman Trail
Portofoc, MS 38863
662-641-0251 Office
Woman Owned Business

Fred Danforth
CEO

GICE



G.P.S.
31° 23' 30"
090° 49' 56"



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