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A-1 DRILLING SERVICE

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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: _____
Well #: J-50
L. S. Elevation: _____
E-log #: _____

County: Jasper
Permit #: _____
Driller: A-1 Drilling Serv
Date drilling completed: 5-28-08

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 | Well Location |
|--|--|
| Owner Name: <u>Charles Holder</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>348 CR 1525</u> | Method of Lat/Long (circle one): Conventional Survey, <u>USGS quad</u> Hand-held GPS, Survey-grade GPS |
| <u>Bay Springs MS 39422</u> City State Zip Code | <u>3E NE SE</u> 1/4 Sec <u>17</u> Twn <u>2N</u> Rng <u>10E</u> |
| Telephone No. <u>(601) 704-2062</u> | Distance <u>1.2</u> Miles Direction <u>N</u> of Nearest Town <u>Bay Springs MS</u> |

Well Data

Purpose of Well (circle one): Uptic Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 5-21-08 Date well drilling completed: 5-28-08

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

Static Water Level: 87 feet above or below (circle one) land surface Date measured: 5-29-08

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

Hole depth: 150' Well depth: 144' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 125 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 124 feet to 144 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): _____

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.

Wilbur T. Boughman 0410
Print Name of Water Well Contractor and License No.

[Signature]
Signature of Water Well Contractor

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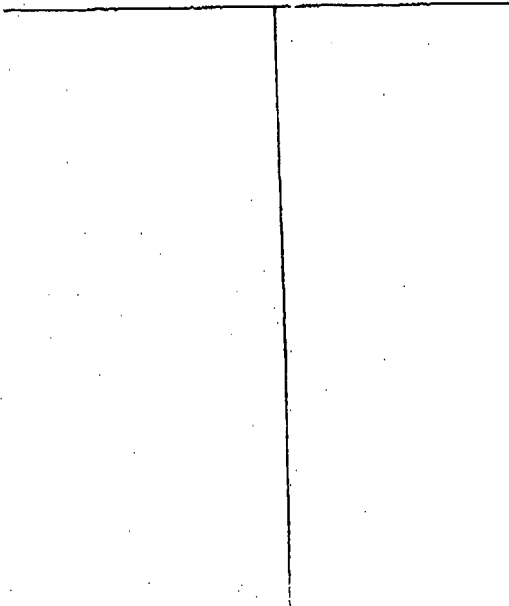
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J-50

If well telescopes please sketch below and show depths.

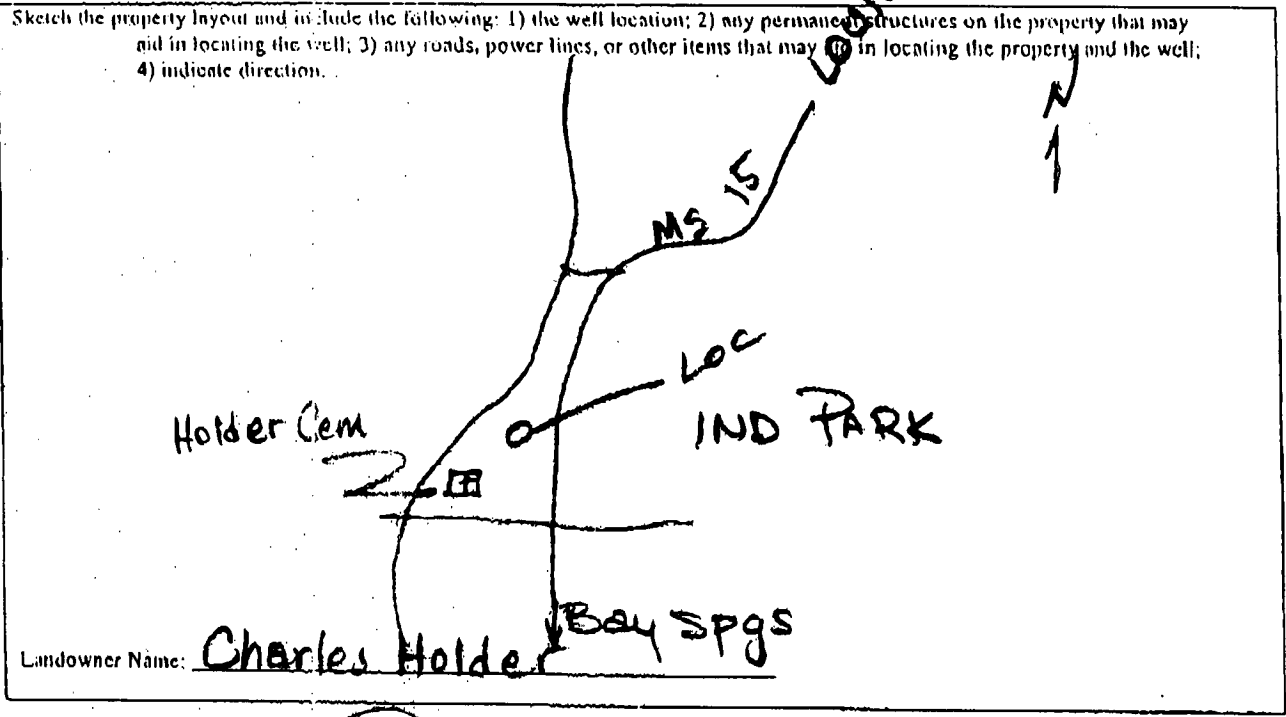
Ground Level



| Description of Formations Encountered | From | To |
|---|--------|--------|
| Clay, red | 0 | 15 |
| Clay, white | 15 | 23 |
| Sand | 23 | 25 |
| Clay, tan | 25 | 47 |
| Clay & lignite | 47 | 51 |
| Lost Circ @ 51' - no further returns on balance of hole | | |
| Hard streaks, cavernous limestone | 51 | 54 |
| Rock | 54 | 55 |
| Clay, sandy | 55 | 56 1/2 |
| Rock | 56 1/2 | 57 1/2 |
| Clay, sandy, hard stks | 57 1/2 | 67 |
| Clay | 67 | 71 |
| Rock | 71 | 72 |
| Sand & clay | 72 | 79 1/2 |
| Rock | 79 1/2 | 80 1/2 |
| Sand | 80 1/2 | 110 |
| Clay w/ sandy stks | 110 | 150 |

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) indicate direction.



Landowner Name: Charles Holder

[Handwritten Signature]
 Signature of Water Well Contractor

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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)

For Office Use Only:

County: Jasper
 Permit #: _____
 Driller: A-1 Drilling Serv
 Date completed: 5-29-08

Aquifer: _____
 Well #: J-50
 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 | Well Location |
|-------------------------------------|--|
| Owner Name: <u>Charles Holder</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>348 CR 1525</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Bay Springs MS 39422</u> | <u>Hand-held GPS, Survey-grade GPS</u> |
| City State Zip Code | <u>SE NESE</u> ^{ESDS quad} 1/4 Sec <u>17</u> Twn <u>2N</u> Rng <u>10E</u> |
| Telephone No. <u>(601) 764-2062</u> | Distance Direction Nearest Town |
| | <u>± 2 1/2</u> Miles <u>N</u> of <u>Bay Springs</u> |

| Pump Type Circle one | Power Type Circle one |
|---|---|
| Air Lift Jet <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>3</u> |
| Date Pump Installed: <u>5-29-08</u> | Setting Depth: <u>120</u> feet |
| Rated Pump Capacity: <u>33</u> Gallons Per Minute | Number of Stages: <u>14</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|--|
| Date Well Tested: <u>5-29-08</u> | Air Line Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>837'</u> Feet Below Land Surface | Other (specify): <u>Sonic</u> |
| Pumping Water Level (B): _____ Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown ((B) - (A)): _____ Feet Below Land Surface | Well yielded: _____ GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: <u>33</u> Gallons Per Minute | |
| Duration of Pump Test (minimum 4 hours): _____ hours | |

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Wilbur T. Baughman 0410 Wilbur T. Baughman
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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