

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)

County: JASPER
 Permit #: _____
 Driller: A-I DOLG SIEV
 Date drilling completed: 8-31-07

For Office Use Only:
 Aquifer: _____
 Well #: K-52
 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: <u>MENEIL ROLLING HILLS FARM (KENNETH MCNEIL)</u> Mailing Address: <u>1051 CR 29</u> <u>LOWIN MS 39338</u> City State Zip Code Telephone No. <u>(601) 764-3819</u>		Well Location Latitude: <u>32.02.02N</u> Longitude: <u>89.09.10W</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad <u>Hand-held GPS</u> , Survey-grade GPS <u>SW/NE</u> <u>NE 1/4 NE</u> 1/4 Sec <u>10</u> Twn <u>2N</u> Rng <u>11E</u> Distance <u>± 3/4</u> Miles Direction <u>S</u> of Nearest Town <u>Mc Neal</u>	
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Well Data

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

Date well drilling started: 8-22-07 Date well drilling completed: 8-31-07

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

Static Water Level: 163 feet above or below (circle one) land surface Date measured: 8-30-07

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

Hole depth: 520' Well depth: 469 Well grouted to a depth of 25 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 469 feet Casing diameter: 4 inches Type of casing: Galv St.

Screen length: 40 feet Screen diameter: 4 inches Type of screen: Bar weld sss
468-488 & 427-447

Screen slot size: .005 inches Setting depth: From 427-447 feet to 468-488 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: NA feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ra Density Sonic Neutron Other: _____

Name of organization running log(s): MS OFFICE OF GEOLOGY

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.

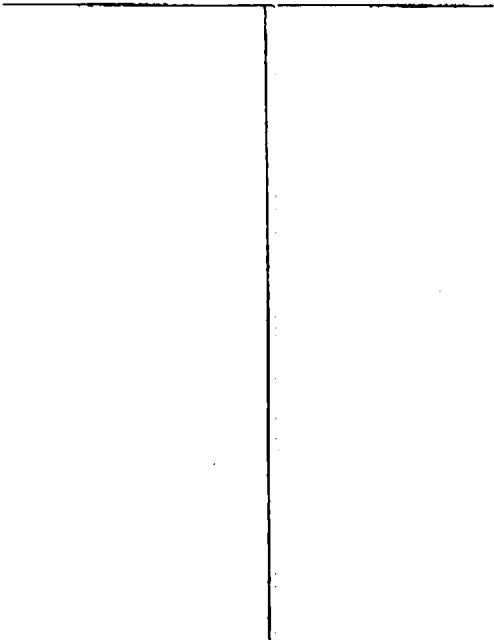
Wilbur T. Baughman 0410 Wilbur T. Baughman
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

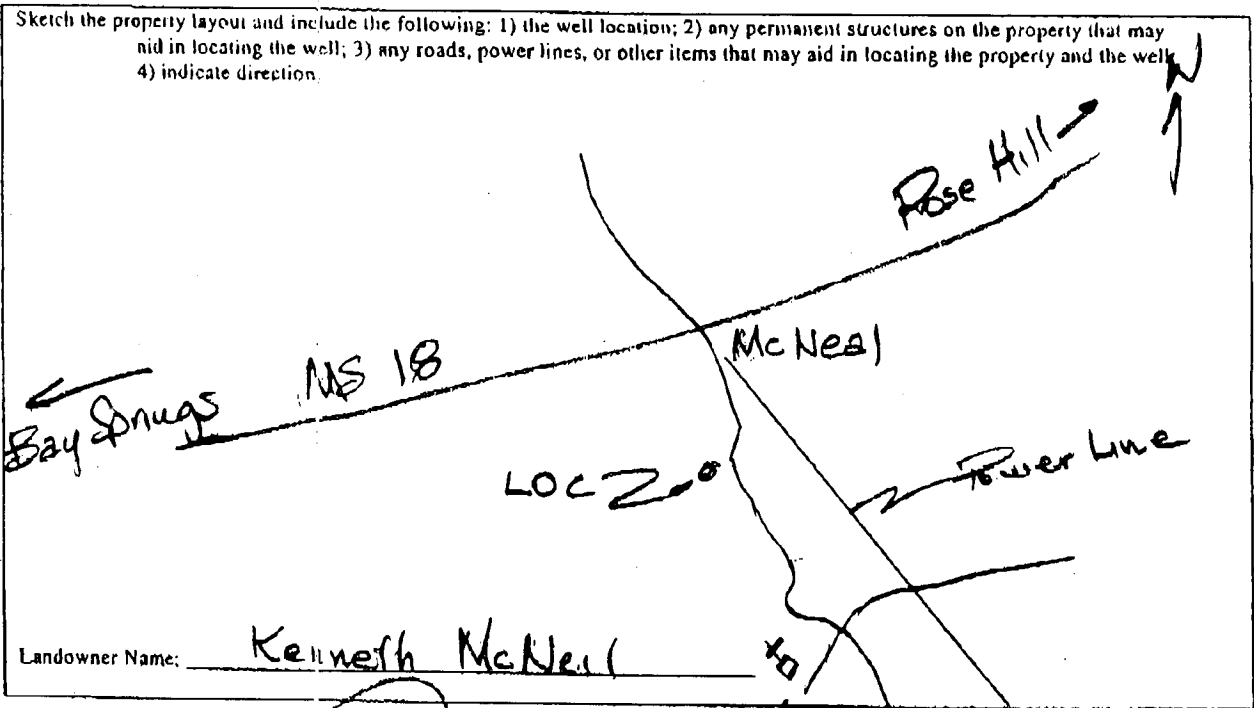
K-52

Ground Level



Description of Formations Encountered	From	To
Red sandy clay	0	7
Sand	7	38
Clay, tan	38	42
Clay, gray	42	292
Clay, gray w/ hard shls	292	292
Clay, gray, stiff	321	344
Clay, gray w/ sandy shls	344	353
Sand, green w/ sea shells	353	361
Clay, sandy clay "	361	370
Sand, green w/ sea shells	370	381
Clay, brown, sandy	381	421
Sand & clay, v. fine, gray	421	432
Sand, v. fine, gray	432	459
Clay	459	467
Sand, fine, gray	467	513

If more than one screen, show location of each on sketch



[Handwritten Signature]
 Signature of Water Well Contractor

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A-1 DRILLING SERVICE

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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)

County: JASPER
 Permit #: _____
 Driller: A-1 DRILLING SERV
 Date completed: 9-11-07

For Office Use Only:
 Aquifer: _____
 Well #: K-52
 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.

<p>Well Owner Information</p> <p>Owner Name: <u>MCNEIL HOLLING HILLS FARM (KENNETH MCNEIL)</u></p> <p>Mailing Address: <u>1051 CR 29</u></p> <p><u>LOVIN MS 89338</u> City State Zip Code</p> <p>Telephone No. <u>(601) 764-3819</u></p>	<p>Well Location</p> <p>Latitude: <u>32 02 02N</u> Longitude: <u>89 09 10W</u></p> <p>Method of Lat/Long (circle one): Conventional Survey, <u>USGS quad</u>, <u>Hand-held GPS</u>, Survey-grade GPS</p> <p><u>SW NE</u> <u>NE 1/4 NE 1/4</u> Sec <u>10</u> Twn <u>2N</u> Rng <u>11E</u></p> <p>Distance Direction Nearest Town <u>+ 3/4</u> Miles <u>S</u> of <u>MCNEIL</u></p>
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<p>Pump Type Circle one</p> <p>Air Lift Jet <u>Submersible</u></p> <p>Bucket Piston Turbine</p> <p>Centrifugal Rotary Flowing Well</p> <p>Other (specify): _____</p> <p>Date Pump Installed: <u>9-11-07</u></p> <p>Rated Pump Capacity: <u>35</u> Gallons Per Minute <u>Used customer's pump & motor</u></p>	<p>Power Type Circle one</p> <p>Diesel Engine Gasoline Engine Natural Gas</p> <p><u>Electric Motor</u> Hand Tractor PTO</p> <p>Windmill Other (specify): _____</p> <p>Horse Power Rating of Motor: <u>5</u></p> <p>Setting Depth: <u>273</u> feet</p> <p>Number of Stages: <u>19</u></p>
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<p>Pump Test Data</p> <p>Date Well Tested: _____</p> <p>Static Water Level (A): _____ Feet Below Land Surface</p> <p>Pumping Water Level (B): _____ Feet Below Land Surface</p> <p>Drawdown ((B) - (A)): _____ Feet Below Land Surface</p> <p>Test Pumping Rate: _____ Gallons Per Minute</p> <p>Duration of Pump Test (minimum 4 hours): _____ hours</p>	<p>Method of Measuring Water Level Circle one</p> <p>Air Line <u>Electric Measuring Line</u> Steel Tape</p> <p>Other (specify): _____</p> <p>For flowing well, measured shut in head: <u>NA</u> feet</p> <p>Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping</p>
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Wilbur T. Boughman 0419
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

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