

County: Jasper
 Permit #: _____
 Driller: Will Barlow
 Date drilling completed: 10-14-11

State Well Report
 Part I
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-9710
 (601)254-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: 549
 L. S. Elevation: _____
 B-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 | Well Location |
|--|---|
| Owner Name: <u>TODD Livingston</u> | Latitude: <u>31.48.47</u> Longitude: <u>89.14.33</u> |
| Mailing Address: <u>108 Jasper Hwy 533</u> | Method of Lat/Long (circle one): Conventional Survey. |
| <u>Laurel</u> MS <u>39443</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>NE 1/4 NW 1/4 Sec. 28 E 30 Twn 10 N Rng 12 W</u> |
| Telephone No. (601) <u>319-8237</u> | Distance Direction Nearest Town |
| | <u>12</u> Miles <u>S</u> of <u>Stamps</u> |

Well Data

Purpose of Well (circle one) Mining Industrial Public Supply Irrigation Fish Culture Other: Poultry

Date well drilling started: 9-16-11 Date well drilling completed: 10-14-11

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

Static Water Level: 70' feet above or below (circle one) land surface Date measured: 10-13-11

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

Hole depth: 400' Well depth: 140' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 120 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 008 inches Setting depth: From 120 feet to 140 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of log 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 logs: State - 5-0049

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.

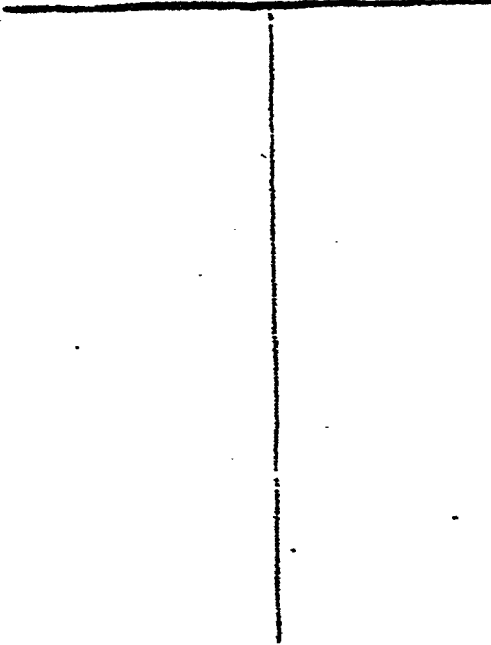
Arnold Finkle Jr 0-560 [Signature]
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

S49

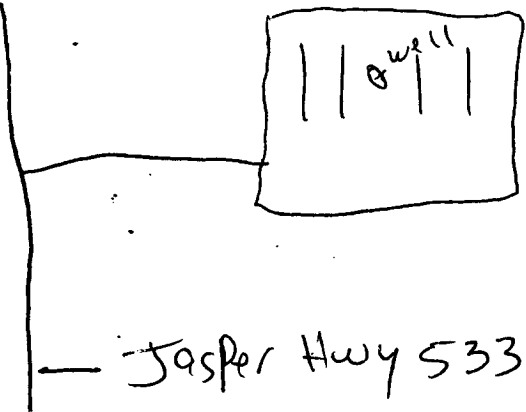
Ground Level



| Description of Formation Encountered | From | To |
|--------------------------------------|------|-----|
| Red Sand | 0 | 70 |
| Sand | 70 | 161 |
| Gray clay | 161 | 192 |
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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: Todd Livingston.

Carl R. J.
Signature of Water Well Consultant

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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 39288-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: 549
 Elevation: _____

County: Jasper
 Permit #: _____
 Driller: Will Barlow
 Date completed: 10-14-11

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>Todd Livingston</u> | Latitude: <u>31 48 47</u> Longitude: <u>89 14 33</u> |
| Mailing Address: <u>108 Jasper Hwy 533</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| <u>Lovell, MS 39443</u> City State Zip Code | <u>NE 1/4 NW 1/4 Sec 12 T2N R2W</u> |
| Telephone No. <u>(601) 319-8237</u> | Distance Direction Nearest Town <u>6</u> Miles <u>S</u> of <u>Stringer</u> |

| Pump Type Circle one | Power Type Circle one |
|---|---|
| Air Lift Jet <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>10-13-11</u> Rated Pump Capacity: <u>50</u> Gallons Per Minute | Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>5</u> Setting Depth: <u>120'</u> feet Number of Stages: <u>12</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|--|
| Date Well Tested: <u>10-13-11</u> Static Water Level (A): <u>70</u> Feet Below Land Surface Pumping Water Level (B): <u>100'</u> Feet Below Land Surface Drawdown ((B)-(A)): <u>30</u> Feet Below Land Surface Test Pumping Rate: <u>40</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours | Air Line <u>Electric Measuring Line</u> Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>40</u> GPM with a drawdown of <u>30</u> feet after <u>4</u> hours of pumping |

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

Arnold Funder Jr 0-560 [Signature]
 Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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