

County: Jefferson Davis
 Permit #: _____
 Driller: Walker Hill Borehole
 Date drilling completed: 10-26-06

State Well Report
Part 1 - Driller's Log

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 #: A-91
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

<p>Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>MARK BERRY</u> Mailing Address: <u>P.O. Box 966</u> <u>Prentiss Ms 39474</u> City State Zip Code Telephone No. <u>(601) 792-8513</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>31° 44' 36"</u> Longitude: <u>89° 51' 26"</u> Method of Lat/Long (circle one): Conventional Survey, <input checked="" type="radio"/> USGS quad Hand-held GPS, Survey-grade GPS <u>SE</u> ¼ <u>SE</u> ¼ Sec <u>13</u> Twn <u>9N</u> Rng <u>19W</u> Distance <u>11</u> Miles Direction <u>NE</u> of Nearest Town <u>Prentiss</u></p>
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Well / Borehole Data

Date drilling started: 10-25-06 Date drilling completed: 10-26-06 Hole depth: 115' Hole diameter: 7.78"

Location of the source of any surface water used for drilling: well water
 Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
 Seismic Survey _____ Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

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

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

Static Water Level: 85 feet above or below (circle one) land surface Date measured: 10-26-06

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

Well depth: 115 Well grouted to a depth of 30 feet Type of grout (circle one): Neat Cement _____ Bentonite _____ Mix _____

Casing length: 95 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .010 inches Setting depth: From 95 feet to 115 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): 20/40 F. LHM

Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A
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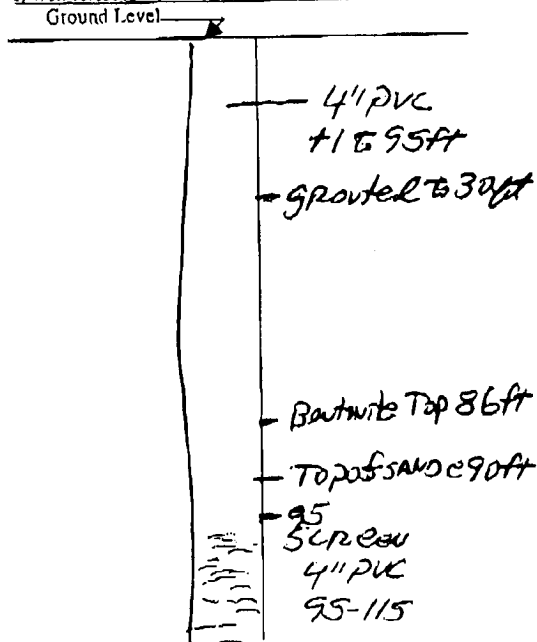
WALKER HILL

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

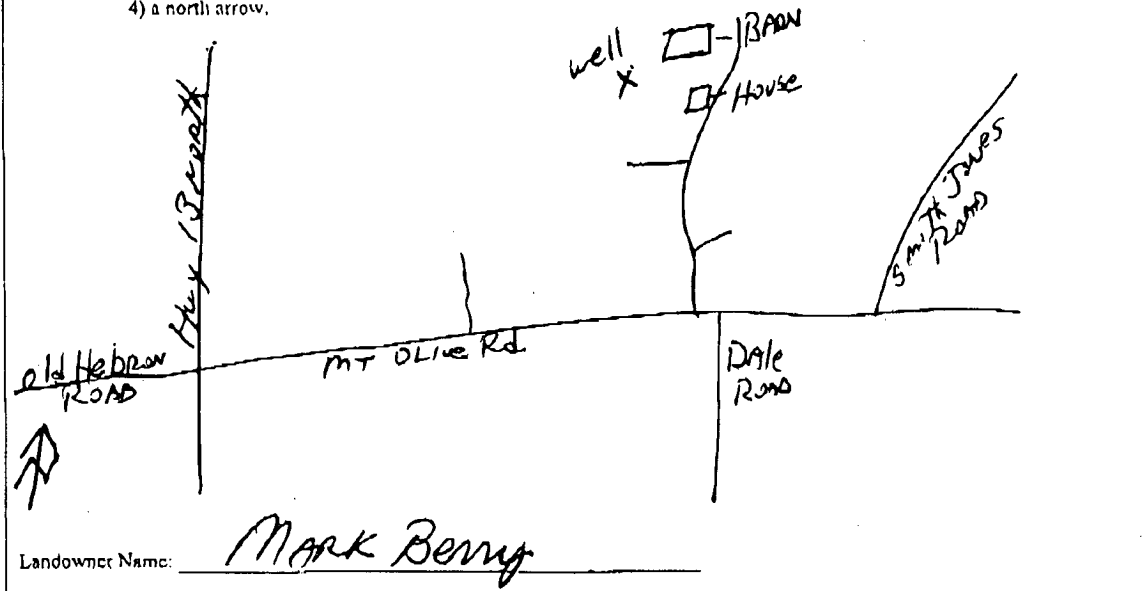


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Red sand / Clay	Ground Level	20'
Clay (red to gray)	20'	40'
Clay (gray)	40'	60'
Clay	60'	70'
Sand / Red (orange)	70'	80'
Sand	80'	100'
Sand	100'	115'
Clay (white to gray)	115'	120'

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) a north arrow.



Form: OLWR-SWR-1A

I certify that the well/borehole 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.

GARY P. HILL 0578 11-23-06

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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: Jackson Davis
 Permit #: _____
 Driller: WALKE HILL BURNARD
 Date completed: 10-26-06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: A-
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>MARK Benny</u>	Latitude: <u>314436N</u> Longitude: <u>895126W</u>
Mailing Address: <u>P.O. Box 966</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Prentiss MS 39404</u>	USGS quad <input checked="" type="checkbox"/> Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 13 T 9N R 19W</u>
Telephone No. <u>(601) 792-8513</u>	Distance Direction Nearest Town
	<u>11</u> Miles <u>NE</u> of <u>Prentiss</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <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): <u>X</u>
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>10-26-06</u>	Setting Depth: <u>105</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>13</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-26-06</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>85</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>89</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>4</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of
Test Pumping Rate: <u>16</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): <u>5</u> hours	

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

GARY P. Hill 0578 _____ 11-23-06
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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