

County: Jefferson Davis
 Permit #: MS-GW-16317
 Driller: Griner Drilling Service
 Date drilling completed: 8/31/2006

Well Driller Report and Well 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 #: B-29
 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	Well Location
Owner Name: <u>Mississippi Hub, LLC</u>	Latitude: <u>34</u> 89 45 578w Longitude: <u>05</u> 31 46 084n
Mailing Address: <u>1002 East St. Mary Blvd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Lafayette, LA</u> 70503	USGS quad, (Hand-held GPS), Survey-grade GPS
City State Zip Code	<u>1/4</u> 1/4 Sec <u>12</u> Tw'n <u>9</u> n Rng <u>18</u> w
Telephone No. <u>(337) 234-4122</u>	Distance Direction Nearest Town <u>6.5</u> Miles <u>west</u> of <u>Mt. Olive</u>

Well Data

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

Date well drilling started: 8/4/2006 Date well drilling completed: 8-15-2006

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

Static Water Level: 305 feet above or (below) (circle one) land surface Date measured: 8-31-2006

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

Hole depth: 2404 Well depth: 1935 Well grouted to a depth of 300 feet

Type of grout (circle one) Cement Bentonite (Mix)

Casing length: 1825 feet Casing diameter: 725-6" 1100-4" Type of casing: Steel

Screen length: 100 feet Screen diameter: 4 inches Type of screen: Rod Base

Screen slot size: 0.01 inches Setting depth: From 1825 feet to 1925 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: 725' 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): Griner Drilling Service, Inc.

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.

Griner Drilling Service, Inc. 0-581
 Print Name of Water Well Contractor and License No.

RECEIVED
 SEP 28 2006
 BY: OLWF
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County: Jefferson Davis
 Permit # : _____
 Driller: Griner Drilling Service
 Date Completed: 8/31/2006

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 Office of Land and Water Resources
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For Office Use Only:
 Aquifer: _____
 Well #: B-29
 Elevation: _____

This report must be prepared by the pump installer in detail and filed with the Department with 30 days of the installation of pump. A copy of Part 1 of this report must be attached to the report.

Well Owner Information		Well Location	
Owner Name	<u>Mississippi Hub, LLC</u>	Latitude: <u>34</u> 89 45 578W	Longitude: <u>05</u> 31 46 084n
Mailing Address:	<u>1002 East St. Mary Blvd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, (Hand-held GPS), Survey-grade GPS	
	<u>Lafayette, LA 70503</u>	1/4 _____ 1/4 Sec <u>1</u> Twn <u>9n</u> Rng <u>18w</u>	
City	State Zip Code	Distance	Direction Nearest Town
Telephone No.	<u>(337) 234-4122</u>	<u>6.5 Miles</u>	<u>west</u> of <u>Mt. Olive</u>

Pump Type Circle one			Power Type Circle one		
Air Lift	<u>Jet</u>	Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	<u>Piton</u>	Turbine	Electric Motor	Hand	Tractor PTO
Centrifugal	<u>Rotary</u>	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: _____		
Date Pump Installed: _____			Setting Depth: _____ feet		
Rated Pump Capacity: _____ Gallons per minute			Number of Stages: _____		

Pump Test Data		Method of Measuring Water Level Circle One	
Date Well Tested:	<u>8/31/2006</u>	Air Line	(Electric Measuring Line) Steel Tape
Static Water Level (A):	<u>305</u> Feet Below Land Surface	Other (specify): _____	
Pumping Water Level (B):	<u>358</u> Feet Below Land Surface	For flowing well, measured shut in head : _____ feet	
Drawdown ((B) - (A)) :	<u>53</u> Feet Below Land Surface	Well yielded	<u>250</u> GPM with a drawdown of
Test Pumping Rate:	<u>250</u> Gallons Per Minute	<u>53</u> feet after	<u>48</u> hours of pumping
Duration of Pump test (minimum 4 hours) :	<u>48</u> hours		

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

Griner Drilling Service, Inc. 0-581
 Print Name of Pump Installer and License No. (if applicable)

Charles H. Griner
 Signature of Pump Installer

RECEIVED
 SEP 28 2006
 BY: OLWR