

JAN-4-2002 02:57P FROM:

TO:16013600535

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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)

County: Jones
 Permit #: _____
 Driller: Travis Boone
 Date drilling completed: 2-22-08

For Office Use Only:
 Aquifer: _____
 Well #: L-63
 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>James M. Mulloy</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>94 Dale Keep Rd</u> <u>Ellisville, MS</u> <u>39437</u> | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | <u>4</u> <u>4</u> Sec <u>12</u> Twn <u>8N</u> Rng <u>13W</u> |
| Telephone No. (_____) _____ | Distance: _____ Direction: _____ Nearest Town: _____ <u>5</u> Miles <u>S</u> of <u>Ellisville</u> |

Well Data

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

Date well drilling started: 2-22-08 Date well drilling completed: 2-22-08

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

Static Water Level: 140 feet above or below (circle one) land surface Date measured: 2-22-08

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

Hole depth: _____ Well depth: 180 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 110 feet Casing diameter: 4 inches Type of casing: Sch 40

Screen length: 20 feet Screen diameter: 4 inches Type of screen: Sch 40

Screen slot size: 8 inches Setting depth: From 160 feet to 180 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.

Travis Boone 0-514
 Print Name of Water Well Contractor and License No.

Travis Boone
 Signature of Water Well Contractor

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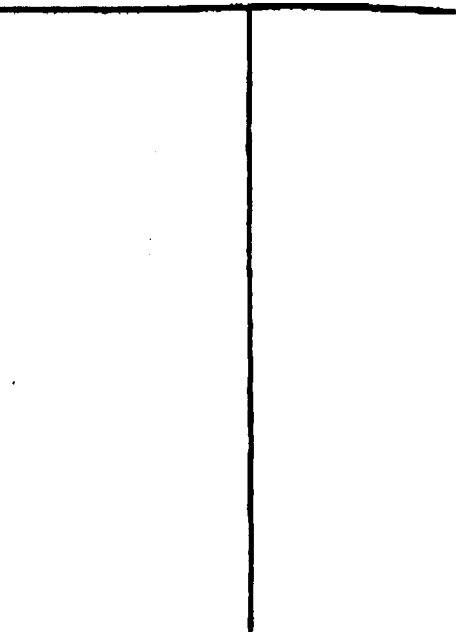
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E-63

If well telescopes please sketch below and show depth.

Ground Level



| Description of Formation Encountered | Feet | Ft |
|--------------------------------------|------|-----|
| Clay | 0 | 10 |
| sand | 10 | 150 |
| Clay | 30 | 50 |
| Rock | 80 | 85 |
| Clay | 85 | 100 |
| Rock | 100 | 105 |
| Clay | 105 | 140 |
| sand | 140 | 180 |
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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) bearing direction.

Landowner Name: James Mulloy

Anna Boone
Signature of Well 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 10091
 Jackson, MS 39209-0091
 (601)961-5210
 (601)954-6938 (fax)

For Office Use Only

Aplic:

Well #

Elevation:

Client: Jones
 Permit #: _____
 Diller: Travis Boone
 Date completed: 2-22-08

Aplic: _____
 Well #: E-63
 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>James Mulley</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>94 Dale Keys Rd</u> <u>Ellisville, Mo</u> | Method of Lat/Long (check one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: <u>39437</u> Zip Code: _____ | USGS quad, Hand-held GPS, Survey-grade GPS <u>4</u> <u>12</u> <u>8N</u> <u>13W</u> |
| Telephone No. (_____) _____ | Distance _____ Direction _____ Nearest Town _____ <u>5</u> <u>5</u> <u>5</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> | Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> |
| Diaphragm <input type="checkbox"/> Plunger <input type="checkbox"/> Turbine <input type="checkbox"/> | Electric Motor <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> |
| Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Floating Well <input type="checkbox"/> | Windmill <input type="checkbox"/> Other (specify): _____ |
| Other (specify): _____ | Netto Power Rating of Motor: <u>3</u> |
| Date Pump Installed: <u>2-22-08</u> | Setting Depth: <u>175</u> feet |
| Rated Pump Capacity: <u>35</u> Gallons Per Minute | Number of Stages: _____ |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|--|
| Date Well Tested: <u>2-22-08</u> | Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> |
| Static Water Level (A): <u>140</u> Feet Below Land Surface | Other (specify): <u>String Line</u> |
| Pumping Water Level (B): _____ Feet Below Land Surface | For flowing well, measured draw in leak: _____ feet |
| Drawdown (D) - (A): _____ Feet Below Land Surface | Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: <u>45.0E</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.

Travis Boone
 Field Representative and License No. (if applicable)

Travis Boone
 Signature of Pump Installer

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