10/15/2008 19:53 6014281435

A-1 DRILLING SERVICE

State Wa	U Domant	
County: Johos State Well	For Office Use Only)	
Permit #: Mississippi Department o		
Office of Land and P.O. Box	Water Resources	
I lackson MS	30280-0631	
(601)96	1-5210	
(601)354-6		
State Law requires that this report be prepared by the dr 30 days of completion of drilling of the well.	iller in detail and filed with the Department within	
Well Owner Information	Well Location	
Owner Name Laures City Schools L	atitude: 31 . 40, 857 Longitude: 69. 68, 862	
Mailing Address: 600 5. 16 th Ave. N	16thod of LavLong (circle one): Conventional Survey,	
	USGS quad, (Hand-held GPS) Survey-grade GPS	
Chy State: Zip Code	E W NE 14 Sec 1 7 Twn BN Rng 12W	
200 Lay 6000	Direction Nearest Town Miles 14 Laure	
Well Dat		
Purpose of Well (circle one) Home Industrial Public Supply	nigation Pish Culture Other:	
Date well drilling started: 9-17-08 Date well	drilling completed: 9-18-88	
If flowing, method of flow regulation: Valve Other (describe)		
Static Water Level: 83' feet above of below (circle one) land	surface Date measured: 9-18-08	
Method of Measurement (circle one) steel tape electric tape	air lino other: Source	
Hole depth: 202	Well grouted to a depth of	
Type of grout (circle one): Content Dentonite Mix		
Casing length: 182 feet Casing diameter: 4	nches Type of casing: PVC	
Screen length: 20 feet Screen diameter: 4	nches Type of screen: Stotland TVC	
Screen stot size; . 006 inches Setting depth: From 182 feet to 202 feet		
Type of completion (circle all applicable): Gravel packed Underrear		
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 Ganuna Ray D	ensity Sonic Neutron Other:	
Name of organization running log(s)	•	
I certify that the well was drilled, constructed, and completed in account	rdance with all applicable requirements of the Micolecinal	
And the state laws.		
Mike Baughman 0587	Wirls Sand	

Print Name of Water Wolf Contractor and License No.

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A-1 DRILLING SERVICE

PAGE 02

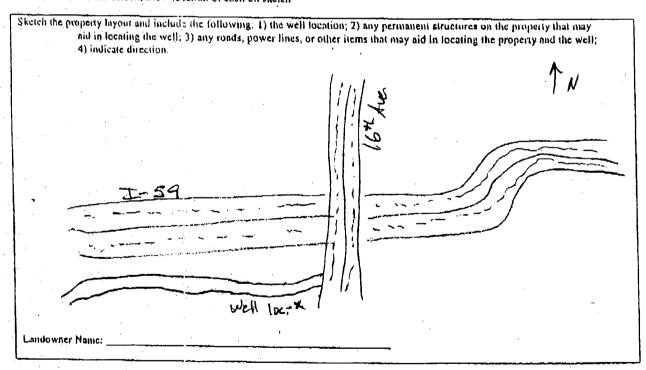
If well telescopes please sketch below and show depths.

F-	10	7	
F -	100	-	

Ground L	 <u></u>	·· · · · · · · · · · · · · · · · · · ·	
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Description of Formations Encountered	From	To
Ten day	0	45
Gray Clah	#5	72
Sahdy day	22	83
Gray Elay	83	165
Sala J	165	BOZ
Clay	202	205
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If more than one screen, show location of each on sketch



Signature of Willer Well Contractor

Duration of Pump Test (minimum 4 hours): ____

STATE WELL REPORT Part 2 County: Pump Installer's Completion Report For Office Use Only: Mississippi Department of Environmental Quality Permit #: Aquifer: Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 Well#: (601)961-5210 Date completed: (601)354-6938 (fax) 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: Latitude: 31° 40. 837 Longitude: 89° Mailing Address: Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS NE 4 NE 4 Sec 12 Two GN Rng 12W Distance Direction Nearest Town Telephone No. 604 649 6342 Pump Type Power Type Circle one Circle one Air Lift Jet (Submersible) Diesel Engine Gasoline Engine Natural Gas Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Rotary: Flowing Well Windmill Other (specify): Other (apecify); Horse Power Rating of Motor: Date Pump Installed: Setting Depth: Rated Pump Capacity: Gallons Per Minute Number of Stages: Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: Air Line Electric Measuring Line Steel Tape Static Water Level (A): ___ Feet Below Land Surface Sonie Other (specify): Pumping Water Level (B): _____Feet Below Land Surface Drawdown [(B) - (A)]: ______Peet Below Land Surface For flowing well, measured shut in head: _____ Test Pumping Rate: ___ Gallons Per Minute Well yielded_ _GPM with a drawdown of

·	I HEREBY CERTIFY that the above statements are true to the best	of my knowledge
-	Mike Bainharan 0587	Melo Dunt-
1	Print Name of Pump Installer and License No. (if applicable)	Signature of Pemp Installer

feet after _____hours of pumping