

County: Lamar
 Permit #: 0-586
 Driller: JAMES WELLS
 Date drilling completed: 5-14-08

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2308
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: A-169
 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.

| Information on Well Owner <i>(Landowner if borehole is not for a water well)</i> | Well or Borehole Location |
|---|---|
| Owner Name: <u>Michael Long</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>1196 Olon Sumrall Rd.</u> | Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS |
| <u>Sumrall MS 39482</u> | <u>1/4 Sec 31 Twp 5N Rng 16W</u> |
| City State Zip Code | Distance Direction of Nearest Town |
| Telephone No. <u>(601)606-7261 (601)606-7262</u> | <u>1 Miles S of Sumrall</u> |

Well / Borehole Data

Date drilling started: 5-14-08 Date drilling completed: 5-14-08 Hole depth: 110 Hole diameter: 8

Location of the source of any surface water used for drilling: community water

Method of dosing and volume of Chlorine used in drilling and development: 2 lb Chlorine

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running logs: _____

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: 40 feet above or below (circle one) land surface Date measured: 5-14-08

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

Well depth: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Best Cement Bentonite Mix

Casing length: 90 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 90 feet to 110 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 next page*

Form: OLWR-SWR-1A (04/06)

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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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Lamar
 Permit #: _____
 Driller: JAMES WELLS
 Date installed: 5-14-08
 Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: A-169
 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>Michael Long</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>1196 Ochoa Sumrall Rd.</u> | Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey |
| <u>Sumrall MS 39482</u> | USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ |
| City State Zip Code | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <u>31 5N R 16W</u> |
| Telephone No. <u>601.606.7261</u> | DISTANCE DIRECTION NEAREST TOWN |
| | <u>7</u> miles <u>S</u> of <u>Sumrall</u> |

| Pump Type Circle one | Motor Type Circle one |
|---|---|
| Air Lift: <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u> | Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> |
| Bucket: <input type="checkbox"/> Piston <input type="checkbox"/> Turbine | <input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> TRACTOR P.T.O. |
| Centrifugal: <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing well | WINDMILL <input type="checkbox"/> Other (specify): _____ |
| Other (specify): _____ | Motor Power Rating of Motor: <u>1</u> |
| Date Pump Installed: <u>5-14-08</u> | Setting Depth: <u>75</u> feet |
| Rated Pump Capacity: <u>12</u> Gallons Per Minute | Number of Stages: <u>14</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|--|
| Date Well Tested: <u>5-14-08</u> | Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Steel Tape</u> |
| Static Water Level (A): <u>40</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>75</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown ((B) - (A)): <u>47</u> Feet Below Land Surface | Well yielded <u>17</u> GPM with a drawdown of |
| Test Pumping Rate: <u>17</u> Gallons Per Minute | <u>7</u> feet after <u>4</u> hours of pumping |
| Duration of Pump Test (minimum 1 hour): <u>4</u> hours | |

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

JAMES WELLS 0586
 Print Name of Pump Installer and License No. (if applicable)

James Wells
 Signature of Pump Installer

FORM OLWRS-5000-10 (REV. 10/05)
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 BY: OLWR