

County: Lamar
 Permit #: 0-586
 Driller: JAMES WELLS
 Date drilling completed: 5-20-08

State Well Report
Part I - Driller's Log
 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)

For Office Use Only:
 Aquifer:
 Well #: A-120
 L. S. Elevation: 170
 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.

Information on Well Owner <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Howlin</u> #1	Latitude: _____ Longitude: _____
Mailing Address: <u>325 Scruggs 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>	_____ ° _____ ' _____ " Sec <u>31</u> Twp <u>5N</u> Rng <u>16W</u>
City State Zip Code	Distance _____ Miles Direction _____ of Nearest Town <u>Sumrall</u>
Telephone No. <u>(601) 758-4440</u>	

Well / Borehole Data

Date drilling started: 5-20-08 Date drilling completed: 5-20-08 Hole depth: 100 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: 2lb chlorine

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: 45 feet above or below (circle one) land surface Date measured: 5-20-08

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

Well depth: 160 Well grouted to a depth of 10 feet Type of grout (circle one): neat cement bentonite mix

Casing length: 80 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 Sealing depth: From 80 feet to 100 feet

Type of completion (circle all applicable): Gravel packed Undrilled 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 (04/08)

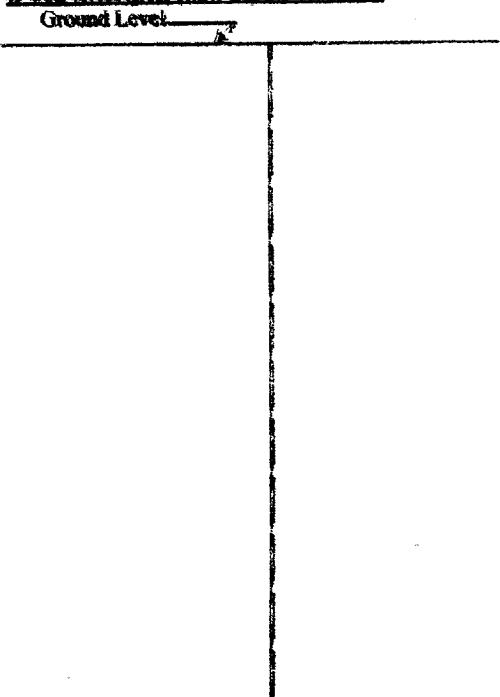
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A-170

The sketch below only required for water wells.

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

If well screens, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
topsoil	Ground Level	1
clay	1	15
sand	15	20
clay	20	40
sand	40	100

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.

Landowner Name: Howlin

Form: OLWR-SWR-1A (04/08)

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.

JAMES WELLS 0-586
Print Name of Responsible Licensee and License No.

James Wells
Signature of Licensee

Date

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STATE WELL REPORT

Part 2

Pump Installer's Certification 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 completed: 5-20-08
 Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: A-170
 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>Howlin #7</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>325 Scruggs Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Sumrall MS 39482</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>1/4 Sec 31 T 5N R 16W</u>
Telephone No. <u>(601) 758-4440</u>	DISTANCE Direction NEAREST TOWN
	<u>7 miles S of Sumrall</u>

Pump Type Circle one	Pump Type Circle one
Air Lift: Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket: Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	Electric Motor <input checked="" type="checkbox"/> HAND <input type="checkbox"/> AIRCRAFT PUMP <input type="checkbox"/>
Centrifugal: Rotary <input type="checkbox"/> Forward Well <input type="checkbox"/>	Other (specify): _____
Other (specify): _____	Motor Power Rating of Motor: <u>1 1/2</u>
Date Pump Installed: <u>5-20-08</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-20-08</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tap <input checked="" type="checkbox"/>
Static Water Level (A): <u>45</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>80</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>55</u> Feet Below Land Surface	Well yielded <u>26</u> GPM with a drawdown of
Test Pumping Rate: <u>26</u> Gallons Per Minute	<u>10</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <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

FOR THE COMMISSIONER OF THE MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
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