

For Office Use Only:

Aquifer: H/27
Well #: _____
L. S. Elevation: _____
E-Log #: _____

Well Driller Report and Well Log
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P. O. Box 2309
Jackson, MS 39225-2309
(601) 961-5210
(601) 354-6938 (fax)

County: LAMAR
Permit #: MS-GW-16895
Driller: LAYNE CHRISTENSEN
Date drilling completed: 8/24/11

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.

| | |
|---|--|
| <p>Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name <u>RAIN CII CARBON LLC</u></p> <p>Mailing Address: <u>PO BOX 349</u></p> <p><u>PURVIS</u> <u>MS</u> <u>39475</u> City State Zip Code</p> <p>Telephone No. (<u>601</u>) <u>794-2753</u></p> | <p>Well or Borehole Location</p> <p>Latitude: <u>N 31° 10' ⁵³25</u> Longitude: <u>W 89° 23' ²⁰38</u></p> <p>Method of Lat/Long (circle one): Conventional Survey</p> <p>USGS quad, <u>Hand-Held GPS</u>, Survey-grade GPS</p> <p><u>SW</u> ¹/₄ <u>NE</u> ¹/₄ Sec <u>34</u> <input checked="" type="checkbox"/> Tw n <u>3 N</u> <input checked="" type="checkbox"/> Rng <u>14 W</u></p> <p>Distance Direction Nearest Town</p> <p><u>5</u> Miles <u>SOUTH</u> of <u>PURVIS</u></p> |
|---|--|

Well / Borehole Data

Date drilling started: 7/18/11 Date well drilling completed: 8/24/11 Hole Depth: 815' Hole diameter: _____

Location of the source of any surface water used for drilling: NONE

Method of dosing and volume of Chlorine used in drilling and development: NONE

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

Name of organization running log(s): LAYNE CHRISTENSEN COMPANY, JACKSON, MS

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

Static Water Level: 157 feet above or below (circle one) land surface Date measured: 9/16/11

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

Well depth: 815' Well grouted to a depth of: 755' Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 755 feet Casing diameter: 12 inches Type of casing: STEEL

Screen length: 40 feet Screen diameter: 8 inches Type of screen: STAINLESS

Screen slot size: 0.020 inches Setting depth: From 760 feet to 800 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: 690 feet. *If telescoped or more than one screen, describe on next page.*

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Replacement well for MSOW-08211

FEB 15 2012
BY: OLWR

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 39225-2309
 (601) 961-5210
 (601) 354-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: H127
 Elevation: _____

County: LAMAR
 Permit #: 16895
MS-GW-0021
 Driller: LAYNE CHRISTENSEN
 Date Completed: 9/16/2011

Copy information from block on Part 1

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> RAIN CII CARBON LLC </u> | Latitude: <u> N 31' 10.895 </u> Longitude: <u> W 89' 23.338 </u> |
| Mailing Address: <u> PO BOX 349 </u> | Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> |
| <u> PURVIS </u> <u> MS </u> <u> 39475 </u> | USGS quad _____ Hand-Held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ |
| City State Zip Code | <u> SW ¼ </u> <u> NE ¼ </u> Sec <u> 34 </u> T <u> 3 N </u> R <u> 14 W </u> |
| Telephone No. (<u> 601 </u>) <u> 794-2753 </u> | Distance Direction Nearest Town |
| | <u> 5 </u> Miles <u> SOUTH </u> of <u> PURVIS </u> |

| Pump Type Circle One | Power Type Circle One |
|--|---|
| Air Lift Jet Submersible | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston <input checked="" type="checkbox"/> Turbine | <input checked="" type="checkbox"/> Electric Motor Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u> 40 </u> |
| Date Pump Installed: <u> 9/16/2011 </u> | Setting Depth: <u> 238 </u> feet |
| Rated Pump Capacity <u> 373 </u> Gallons Per Minute | Number of Stages: <u> 13 </u> |

| Pump Test Data | Method of Measuring Water Level Circle One |
|---|---|
| Date Well Tested: <u> 9/16/2011 </u> | <input checked="" type="checkbox"/> Air Line Electric Measuring Line Steel Tape |
| Static Water Level (A): <u> 153 </u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u> 162 </u> Feet Below Land Surface | |
| Drawdown [(B) - (A)]: <u> 9 </u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Test Pumping Rate: <u> 373 </u> Gallons Per Minute | Well yielded <u> 373 </u> GPM with a drawdown of |
| Duration of Pump Test (minimum 4 hours): <u> 4 </u> hours | <u> 9 </u> feet after <u> 4 </u> hours of pumping |

This is for (circle one) New Well Replacement of Existing Pump Repair of Existing Pump

I hereby certify that the above statements are true to the best of my knowledge.

 DAVE COOK 692 Dave Cook **RECEIVED**

Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

FEB 15 2012
BY: OLWR