

County: Lee
 Permit #: _____
 Driller: Donald Smith Co., Inc
 Date drilling completed: 09/02/09

State Well Report
Part 1 - Driller's Log

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)

For Office Use Only:
 Aquifer: H 141
 Well #: _____
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>NE Construction, LLP</u>	Latitude: <u>34° 17' 12" N</u> Longitude: <u>88° 42' 32" W</u>
Mailing Address: <u>420 Southfork Dr</u>	Method of Lat/Long (circle one): Conventional Survey, _____ USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS _____
<u>Lewisville, TX 75057</u>	<u>SW 1/4 NE 1/4 Sec 19 Twn 9S Rng 6E</u>
City State Zip Code	Distance Direction <u>Vista Ridge Apts</u> Miles of <u>Tupelo, MS</u> <u>inside City limits</u>
Telephone No. () _____	

Well / Borehole Data

Date drilling started: 7/31/09 Date drilling completed: 09/02/09 Hole depth: 420' Hole diameter: 9 7/8"

Location of the source of any surface water used for drilling: public supply

Method of dosing and volume of Chlorine used in drilling and development: potable water used

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 X 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 X Fish Culture _____ Other: _____

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

Static Water Level: 100 feet above or below (circle one) land surface Date measured: 9/11/09

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

Well depth: 420 Well grouted to a depth of 355 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 360 feet Casing diameter: 5 inches Type of casing: BSM

Screen length: 40 feet Screen diameter: 4 inches Type of screen: 304 SS

Screen slot size: .020 inches Setting depth: From 360' feet to 380' feet 20' Blank
400' - 420'

Type of completion (circle all applicable): (Gravel packed) Underreamed (Telescoped) Open hole Natural Development

Other (describe): _____

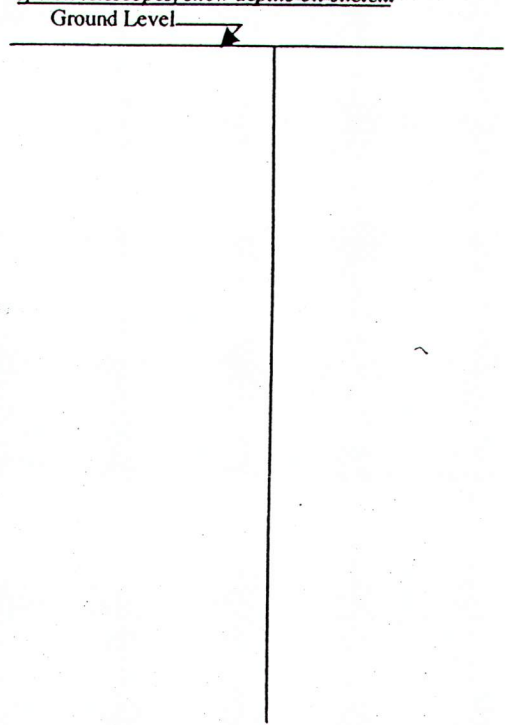
Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR **RECEIVED**
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H ~~NA~~ 141

The sketch below only required for water wells

If well telescopes, show depths on sketch.



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

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Clay	0	21
Clay w/ Sand streaks	21	43
Clay	43	218
Sand	218	226
Clay + Sand	226	246
Clay, sand w/ Rock	246	265
Sand w/ Clay streaks	265	286
Sand, Rock	286	325
Sand, Clay	325	345
Sand	345	405
Sand, Rock	405	425
Sand, Clay	425	445
Clay, Gravel	445	485
Clay, Gravel, pink Clay	485	505

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: _____

Form: OLWR-SWR-1A

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.

Donald E Smith 0-767

11/18/09

Donald E Smith

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Lee
 Permit #: _____
 Driller: Donald Smith Co.
 Date completed: 11/18/09
Copy information from block on Part 1

For Office Use Only:

Aquifer: H X 141
 Well #: _____
 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>NE Construction, LLP</u>	Latitude: <u>34 17 12 N</u> Longitude: <u>88 42 32 W</u>
Mailing Address: <u>420 South Fork Dr</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Lewisville, TX 75057</u>	USGS quad <u>Hand-held GPS</u> , Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>19</u> T <u>9S</u> R <u>6E</u>
Telephone No. () _____	Distance Direction Nearest Town
	_____ Miles of <u>Vista Ridge Apts</u>
	<u>inside city limits</u> of <u>Tupelo, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>7 1/2</u>
Date Pump Installed: <u>9/11/09</u>	Setting Depth: <u>210</u> feet
Rated Pump Capacity: <u>60</u> Gallons Per Minute	Number of Stages: <u>13</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9/11/09</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>100</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>160</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>60</u> Feet Below Land Surface	Well yielded <u>60</u> GPM with a drawdown of
Test Pumping Rate: <u>60</u> Gallons Per Minute	<u>60</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.

Donald E Smith 0-767 Donald E Smith
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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