1	_						
County: LOWNDES		Report and Well Log	For Office Use Only: Aquifer:				
Permit #:MS-GW-16201	Office of Lan	nent of Environmental Quality d and Water Resources D. Box 10631	Well#: J. 35				
Driller: LAYNE-CENTRAL	Jackson	, MS 39289-0631 01) 961-5210	L. S. Elevation:				
Date Drilling Completed:5/17/06	(601) 354-6938 (fax)		E-Log #:				
State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.							
Information on Well Ow	ner	Well or Borehole Location					
(Landowner if borehole is not for a water well)		E-109: 33° 27' 18" 88° 34' 41"					
Owner Name SEVERCORR, LLC		Latitude: N 33 ° 27 ' 11 " Longitude: W 088 ° 34 ' 39 "					
Mailing Address: PO BOX 1467		Method of Lat/Long (circle one): Conventional Survey					
COLUMBUS		USGS quad, Hand-Held	GPS, Survey-grade GPS				
MS	MS 39701	NE 1/4 SW 1/4 Sec 1	Twn 18N Rng 16E				
City	State Zip Code	Distance Direct	ion Nearest Town				
Telephone No. (<u>662</u>) <u>570-4138</u>		10 Miles WES	T of COLUMBUS				
Well Data							
Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other:							

above or below (circle one) land surface

1400'

electric tape

Bentonite

20

14

Setting depth:

Gamma Ray | Density | Sonic

Underreamed

Date well drilling completed:

air line

Mix

inches

inches

From

Telescoped

Well grouted to a depth of:

Date Measured:

Other:

Type of casing:

Type of screen:

If telescoped or more than one screen, describe on back of page.

Neutron

Open Hole

feet to

Other:

Signature of Water Well Contractor

Other (describe) -

2/20/06

Valve

Well depth:

Cement

steel tape

Casing diameter:

Screen diameter:

Gravel Packed

Electric]

1050

692

Other (describe):

feet.

Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations and state laws.

I certify that the well was drilled, constructed and completed in accordance with applicable requirements of the

Date well drilling started:

Static Water Level:

Hole depth:

Type of grout

Casing length:

Screen length:

Screen slot size:

DAVE COOK

If flowing, method of flow regulation:

Method of Measurement (circle one)

1489'

(circle one):

1245

150

0.030

Type of completion (circle all applicable):

Logs run (circle all applicable): No log run

Print Name of Water Well Contractor and License No.

Top of lap pipe or reduction in casing:

101

feet

feet

feet

inches

Name of organization running log(s): LAYNE-CENTRAL, JACKSON, MS

RECEIVED

5/17/06

1245

5/18/06

COATED STEEL

STAINLESS

Natural Development

1400

feet

feet

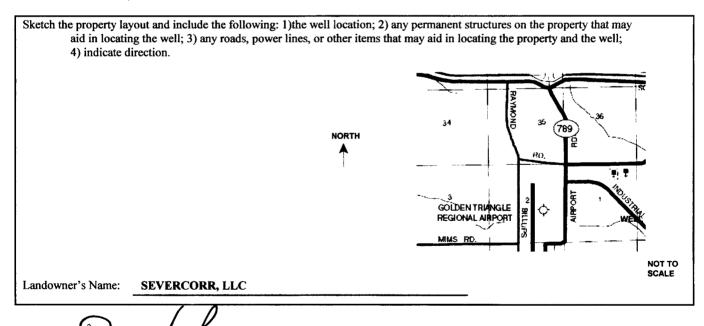
AUG 0 7 2006

BY: OLWR

J-35

Ground Level	Description of Formations Encountered	From	To
	FILL	0	10
	HARD GRAY SLATE	10	270
	SANDY SHALE	270	304
	ROCK	304	305
• .	SANDY SHALE	305	317
	ROCK	317	318
	SANDY SHALE	318	328
	ROCK	328	329
	MEDIUM SAND STREAKS OF SHALE	329	404
	HARD BLACK SHALE	404	756
	HARD BROWN SHALE	756	891
	MEDIUM SAND	891	908
	HARD BROWN SHALE	908	947
	MEDIUM SAND	947	971
	HARD SHALE	971	1196
	ROCK	1196	1197
	HARD SHALE	1197	1201
	ROCK	1201	1202
	SHALE	1202	1212
	MEDIUM SAND CLAY STREAKS	1212	1245
	MEDIUM TO COARSE SAND	1245	1352
MEDIUM TO COARSE SAND; CLAY STREAKS	1352	1402	
	SAND WITH LOTS OF CLAY STREAKS	1402	1469
	HARD SHALE	1469	1489
f more than one screen, show location of each on sketch			

If more than one screen, show location of each on sketch.



Signature of Water Well Contractor

State Well Report

		¬ .	Part 2	For C	office Use Only:			
County: LOWNDES Pump Installer		's Completion Repor						
D	NAC CW 1/201		Mississippi Department of Environmental Quality Office of Land and Water Resources					
Permit #:	W18-GW-10201	. !	Box 10631		T 26			
		MS 39289-0631	Well #:	J-35				
Data Commission	10/4/07	1) 961-5210 54-6938 (fax)	Elevation:				
Date Completed: 12/4/06 (601) 3.			J -1 -0930 (Iax)	Elevation:				
This part of the report must be completed by the pump installer in detail and filed with the Department within 30 days of the								
installation of pump. A copy of Part 1 of this report must be atte			acned to this report.	Well Location	1			
Owner Name SEVERCORR, LLC		Latitude: N 33 ° 27 ' 11 " Longitude: W 088 ° 34 ' 39 "						
Mailing Address: PO BOX 1467		Method of Lat/Long (check one): Conventional Survey						
	COLUMBUS		_		Survey-grade GPS			
	MS	MS 39701	NE 1/4 SW 1/4	Sec 1 T	18N R 16E			
į	City	State Zip Code						
			Distance	Direction	Nearest Town			
Telephone No.	(662) 570-4138		10 Miles	WEST of	COLUMBUS			
Pump Type Circle One		Power Type 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 (specify):			Horse Power Rating of Motor: 500		500			
Date Pump Installed: 10/25/06		Setting Depth:	380	feet				
Rated Pump Capa	city 2500	Gallons Per Minute	Number of Stages:	6	_			
	Daniel Total Daniel		T 34-41	had of Massuring Water	n Loyal			
Pump Test Data			Method of Measuring Water Level Circle One					
Date Well Tested:	7/14/07		Air Line	Electric Measuring Line	e Steel Tape			
Static Water Leve	l (A): 106 F	eet Below Land Surface	Other (specify):		-			
Pumping Water L	evel (B): F	eet Below Land Surface						
Drawdown [(B) -	(A)]: <u>164</u> F	eet Below Land Surface	For flowing well, m	easured shut in head:	feet			
Test Pumping Rat	te: 2516	Gallons Per Minute	Well yielded	2516 GPM wi	th a drawdown of			
Duration of Pump Test (minimum 4 hours): 4 hours 164 feet after 4 hours of pumping					hours of pumping			
I hereby certify that the above statements are true to the best of my knowledge.								
DAVE COOK 692 Drive Name of Drive Installer and License No. (if applicable) Signeture of Drive Installer								
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer								

RECEIVED