

Well 1

County: LOWNDES

Permit #: MS-GW-16200

Driller: LAYNE-CENTRAL

Date Drilling Completed: 4/18/06

Well Driller Report and Well 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: 36
 Well #: J-207
 L. S. Elevation: _____
 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 Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name <u>SEVERCORR, LLC</u>	Latitude: <u>N 33° 27' 8"</u> Longitude: <u>W 088° 34' 25"</u>
Mailing Address: <u>PO BOX 1467</u>	Method of Lat/Long (circle one): <u>Hand-Held GPS</u> Conventional Survey
<u>COLUMBUS MS 39701</u>	USGS quad, <u>Hand-Held GPS</u> Survey-grade GPS
City State Zip Code	<u>SW 1/4 SE 1/4</u> Sec <u>1</u> Twn <u>18N</u> Rng <u>16E</u>
Telephone No. <u>(662) 570-4138</u>	Distance Direction Nearest Town
	<u>10</u> Miles <u>WEST</u> of <u>COLUMBUS</u>

Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: --

Date well drilling started: 2/15/06 Date well drilling completed: 4/18/06

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

Static Water Level: 93 feet above or below (circle one) land surface Date Measured: 5/18/06

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

Hole depth: 1628' Well depth: 1375' Well grouted to a depth of: 1230 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 1230 feet Casing diameter: 20 inches Type of casing: COATED STEEL

Screen length: 135 feet Screen diameter: 14 inches Type of screen: STAINLESS

Screen slot size: 0.030 inches Setting depth: From 1235 feet to 1370 feet

Type of completion (circle all applicable): Gravel Packed Underreamed Telescoped Open Hole Natural Development

Other (describe): --

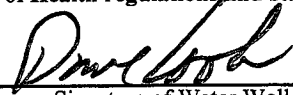
Top of lap pipe or reduction in casing: 1034 feet. *If telescoped or more than one screen, describe on back of page.*

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

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

I certify that the well was drilled, constructed and completed in accordance with applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations and state laws.

DAVE COOK 692
 Print Name of Water Well Contractor and License No.


 Signature of Water Well Contractor

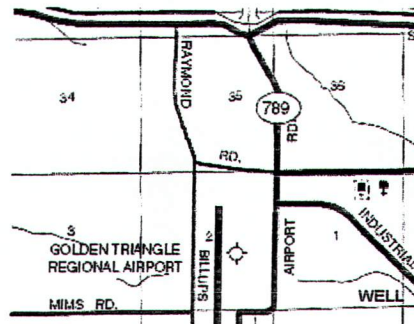
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 APR 17 2007
 BY: OLWF

Ground Level

Description of Formations Encountered	From	To
CHALK	0	245
CLAY & SAND STREAKS	245	310
SAND	310	330
CLAY & SAND STREAKS	330	420
SAND	420	440
CLAY & SAND STREAKS	440	535
SAND	535	565
CLAY	565	645
SAND & CLAY STREAKS	645	680
CLAY	680	710
SAND	710	725
CLAY	725	785
SAND	785	800
RED CLAY	800	875
SAND	875	945
CLAY & SAND STREAKS	945	1215
SAND	1215	1275
CLAY	1275	1280
SAND	1280	1325
CLAY & SAND STREAKS	1325	1350
SAND	1350	1375
CLAY	1375	1400
SAND	1400	1425
CLAY STREAKS	1425	1430
SAND & CLAY STREAKS	1430	1455
CLAY & SAND STREAKS	1455	1520
SAND	1520	1540
CLAY	1540	1545
SAND	1540	1580
CLAY	1580	1585
SANDY CLAY STREAKS	1585	1605
CLAY	1605	1628

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) indicate direction.



Landowner's Name: SEVERCORR, LLC

NOT TO SCALE

Dave Cook

Signature of Water Well Contractor

State Well Report

Part 2

For Office Use Only:

County: LOWNDES
Permit #: MS-GW-16200
Driller: LAYNE-CENTRAL
Date Completed: 8/3/07

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)

Aquifer: 300
Well #: J-201
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 attached to this report.

Well Owner Information	Well Location
Owner Name <u>SEVERCORR, LLC</u>	Latitude: <u>N 33° 27' 8"</u> Longitude: <u>W 088° 34' 25"</u>
Mailing Address: <u>PO BOX 1467</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>COLUMBUS MS 39701</u>	USGS quad _____ Hand-Held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 SE 1/4</u> Sec <u>1</u> T <u>18N</u> R <u>16E</u>
Telephone No. (<u>662</u>) <u>570-4138</u>	Distance Direction Nearest Town
	<u>10</u> Miles <u>WEST</u> of <u>COLUMBUS</u>

Pump Type	Power Type
Circle One	Circle One
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input 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>500</u>
Date Pump Installed: <u>1/19/07</u>	Setting Depth: <u>300</u> feet
Rated Pump Capacity <u>2500</u> Gallons Per Minute	Number of Stages: <u>6</u>

Pump Test Data	Method of Measuring Water Level
	Circle One
Date Well Tested: <u>6/14/07</u>	<input checked="" type="checkbox"/> Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>90</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>185</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>95</u> Feet Below Land Surface	Well yielded <u>2763</u> GPM with a drawdown of
Test Pumping Rate: <u>2763</u> Gallons Per Minute	<u>95</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.

DAVE COOK 692
Print Name of Pump Installer and License No. (if applicable)

Dave Cook
Signature of Pump Installer

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SEP 12 2007
BY: OLWR