

County: Lauderdale
 Permit #: _____
 Driller: Clardy Drills
 Date drilling completed: 10/9/07

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: _____
 Well #: M-40
 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.

<p align="center">Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>David Wood</u> Mailing Address: <u>10384 Hury 69 S.</u> <u>Columbus, MS 39702</u> City State Zip Code Telephone No. <u>(662) 329-2823</u></p>	<p align="center">Well or Borehole Location</p> <p>Latitude: <u>N 33° 22' 50.4" 30</u> Longitude: <u>W 88° 18' 72.8" 44</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <u>SE 1/4 SE 1/4 Sec 28 Twn 19.5 Rng 17E</u> Distance <u>7 1/2</u> Miles Direction <u>SE</u> of Nearest Town <u>Columbus</u></p>
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Well / Borehole Data

Date drilling started: 10/8/07 Date drilling completed: 10/9/07 Hole depth: 257 Hole diameter: 4

Location of the source of any surface water used for drilling: _____
 Method of dosing and volume of Chlorine used in drilling and development: 2 1/2# granular

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: 62 feet above of below (circle one) land surface Date measured: 10/9/07

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

Well depth: 257 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 158 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 48 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .013 inches Setting depth: From 209 feet to 257 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: 5 feet. *If telescoped or more than one screen, describe on next page*

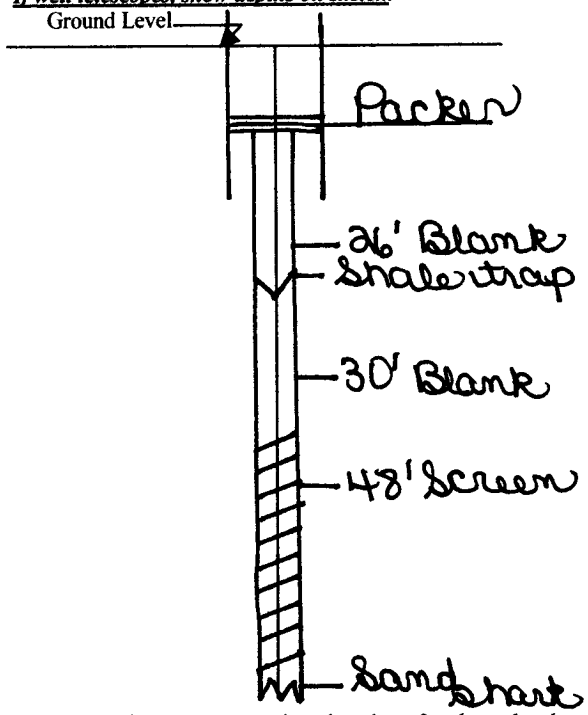
Form: OLWR-SWR-1A

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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

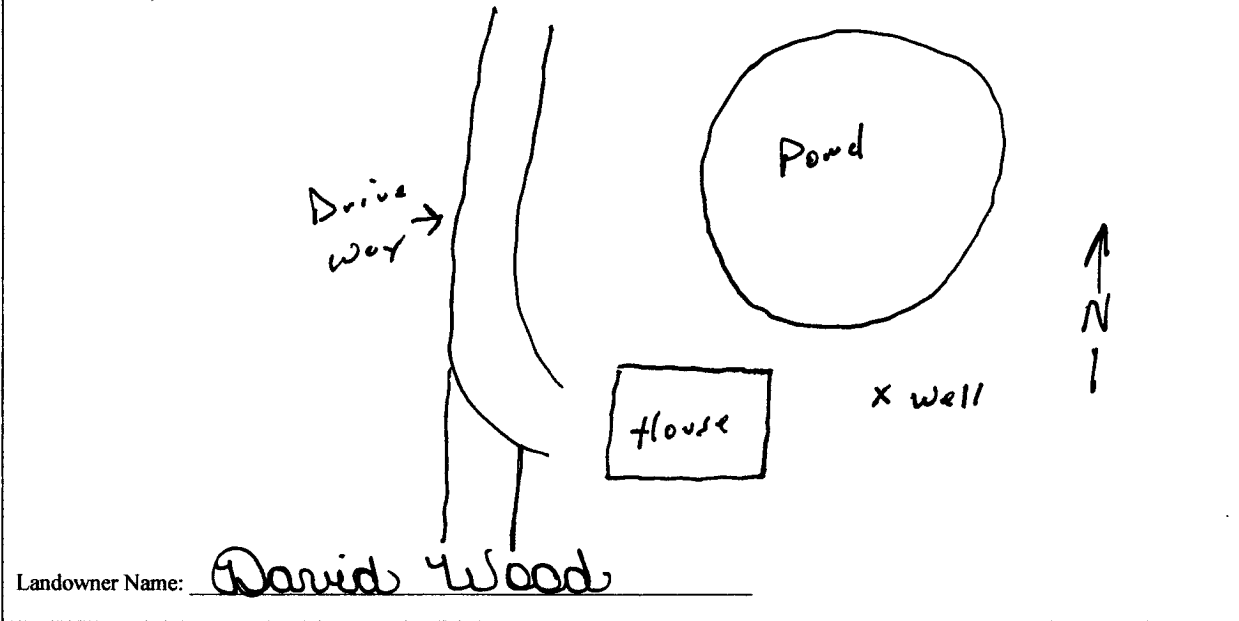
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Shown sandy clay	Ground Level	12
Sandy blue clay	12	56
Sandy clay	56	141 1/2
Small Rock	141 1/2	154
Sandy clay	141 1/2	154
Fine clay	154	157 1/2
Small Rock	157 1/2	185
Fine clay	157 1/2	185
Sand	185	202
Sandy clay	202	213
Sand streak	213	219
Sandy clay	219	222
Sand streak	222	242
Sand	242	254
Clay	254	257

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: David Wood

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 B. Clardy ⁰⁻⁴⁹⁶ 10/29/07 [Signature]
 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: Stamford
 Permit #: _____
 Driller: Clardy
 Date completed: 10/10/07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: M-40
 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>David Wood</u>	Latitude: <u>N 33° 22.504</u> Longitude: <u>W 88° 18.728</u>
Mailing Address: <u>10384 Hwy. 695.</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Columbus, MS 39112</u>	_____ ¼ _____ ¼ Sec _____ T _____ R _____
Telephone No. <u>662 329-2823</u>	Distance _____ Direction _____ Nearest Town _____
	<u>7 1/2</u> Miles <u>SE</u> of <u>Columbus</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>1 1/2</u>
Date Pump Installed: <u>10/10/07</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>18</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10/10/07</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>62</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Donald B. Clardy 0-496 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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