

County: Marion
 Permit #: 0-586
 Driller: JAMES WELLS
 Date drilling completed: 5-12-08

State Well Report
Part I - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: J-102
 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 of the above state 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)
 Owner Name: Mike Anthony
 Mailing Address: 1138 Kokomo Rd
Kokomo MS 39643
 City: _____ State: _____ Zip Code: _____
 Telephone No. (____) _____

Well or Borehole Location
 Latitude: 31° 15' 40" Longitude: 90° 01' 20"
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad, Hand-held GPS, Survey-grade GPS
NW 1/4 NW 1/4 Sec 5 Town 34 Range 12E
 Distance Direction Nearest Town
4.5 Miles North of Kokomo

Well / Borehole Data
 Date drilling started: 5-12-08 Date drilling completed: 5-12-08 Hole depth: 275 Hole diameter: 7 1/2
 Location of the source of any surface water used for drilling: Well Water / Shock
 Method of dosing and volume of Chlorine used in drilling and development: 3 lb Shock
 Logs run (circle all applicable): No log run Electric Gamma Ray Density Seismic 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: 130 feet above or below (circle one) land surface Date measured: 5-12-08
 Method of Measurement (circle one): steel tape electric tape air line other: _____
 Well depth: 275 Well grouted to a depth of 10 feet Type of grout (circle one): Concrete Mortar Grout
 Casing length: 235 feet Casing diameter: 4 inches Type of casing: PVC
 Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC
 Screen slot size: .008 inches Setting depth: From 235 feet to 275 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: _____ feet. *If telescoped or more than one screen, describe on next page.*

Form: OLWR-SWR-1A (04/08)

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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 2309
 Jackson, MS 39215
 (601)961-5210
 (601)961-5228 (fax)

County: Marion
 Permit #: _____
 Driller: James Walls
5/2-08
 Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: J-102
 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>Mike Anthony</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>1138 Kokomo Rd</u> <u>39643</u> | Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey |
| City: _____ State: _____ Zip Code: _____ | USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ |
| Telephone No. (_____) _____ | <u>4</u> ^{1/4} Sec <u>S</u> T <u>31</u> R <u>12E</u> |
| | Latitude: _____ Longitude: _____ |
| | <u>4</u> miles <u>North</u> of <u>Kokomo</u> |

| Pump Type Circle one | Pump Type Circle one |
|---|--|
| Air Lift: <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u> | Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> |
| Bucket: <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> | <input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> LEADER P.L.U. |
| Centrifugal: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | W. _____ Other (specify): _____ |
| Other (specify): _____ | Motor Power Rating of Motor: <u>5</u> |
| Date Pump Installed: _____ | Setting Depth: <u>200</u> feet |
| Rated Pump Capacity: <u>50</u> Gallons Per Minute | Number of Stages: <u>13</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|---|
| Leak Well Tested: <u>5/2-08</u> | Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Steel Tap</u> |
| Static Water Level (A): <u>130</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>200</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown ((B) - (A)): <u>130</u> Feet Below Land Surface | Well yielded <u>50</u> GPM with a drawdown of |
| Test Pumping Rate: <u>50</u> Gallons Per Minute | <u>130</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.

James Walls 0586 James Walls
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

FORM 10-01-03 (REV. 10-01-03)

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