

County: Marion
 Permit #: 0-586
 Driller: JAMES WELLS
 Date drilling completed: 6-24-08

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)961-5226 (fax)

For Office Use Only:

Aquifer: _____
 Well #: L-84
 E. S. Elevation: _____
 E-log #: _____

Note: 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 pump hole.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Jimmy McJraw</u>	Latitude: <u>31° 15' 01"</u> - Longitude: <u>89° 45' 46"</u>
Mailing Address: <u>488 Singley Rd</u> <u>Columbia MS</u> <u>39429</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	NW <input type="checkbox"/> SE <input checked="" type="checkbox"/> Sec <u>7</u> Twp <u>34</u> Rng <u>18</u> W
Telephone No. <u>(601) 736 9961</u>	Distance: <u>3</u> Miles Direction: <u>EAST</u> of Nearest Town: <u>Columbia MS</u>

Well / Borehole Data

Date drilling started: 6-24-08 Date drilling completed: 6-24-08 Hole depth: 200 Hole diameter: 7

Location of the source of any surface water used for drilling: Community Water
 Method of closing and volume of Chlorine used in drilling and development: 2 lb shock

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: 120 feet above or below (circle one) land surface Date measured: 6-24-08

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

Well depth: 200 feet well grouted to a depth of 10 feet Type of grout (circle one): Best Cement Mortar bit

Casing length: 180 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

screen slot size: .005 inches Setting depth: From 180 feet to 200 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 (04/06)

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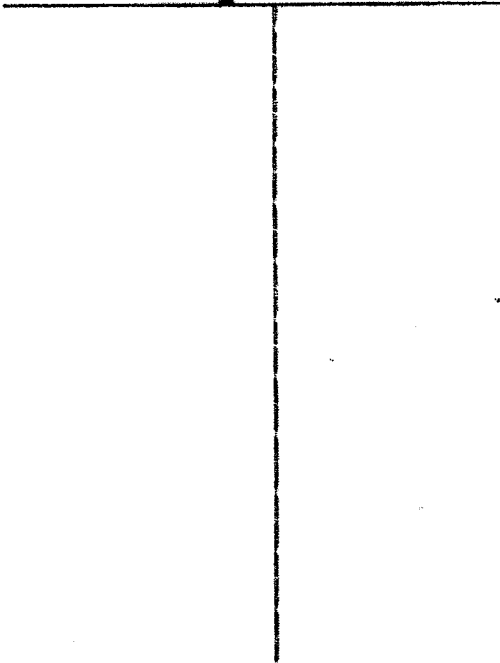
L-84

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.

Ground Level →



Description of Formations Encountered	From (depth) Ground Level	To (depth)
Top Soil	0	2
Clay	2	20
Sand	20	90
Clay	90	140
Sand	140	200

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: Jimmy McLean

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

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

Print Name of Responsible Licensee and License No. JAMES WELLS 0-586 Date _____

Signature of Licensee James Wells

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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 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Marion
 Permit #: _____
 Driller: JAMES WELLS
 Date completed: 6-24-08
 Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: L-84
 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>Jimmy McRae</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>488 Singsley Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Columbia MS</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
<u>39429</u>	<u>7 T 36 R 18 W</u>
City State Zip Code	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>601 736 9961</u>	<u>3 miles East of Columbia MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket: Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Wellhead _____ Control (optional) _____
Other (specify): _____	Motor Power Rating of Motor: <u>1 1/2</u>
Date Pump Installed: _____	Setting Depth: <u>15</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-24-08</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> <input checked="" type="checkbox"/>
Static Water Level (A): <u>100</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>150</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>100</u> Feet Below Land Surface	Well yielded <u>20</u> GPM with a drawdown of
Test Pumping Rate: <u>20</u> Gallons Per Minute	<u>100</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 1 hour): <u>4</u> hours	

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

JAMES WELLS 0586 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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