

County: Marion
 Permit #: 0-586
 Driller: JAMES WELLS
 Date drilling completed: 5-27-08

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 #: Q-61
 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.

Information on Well Owner <i>(Manufacturer of borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Jimmy Mcnabb</u>	Latitude: <u>31-09-02</u> Longitude: <u>89-49-28</u>
Mailing Address: <u>1-D. Sikes Landing</u> <u>Foxworth MS 39483</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	SW $\frac{1}{4}$ SE $\frac{1}{4}$ Sec <u>18</u> Twp <u>24</u> Rng <u>14E</u>
Telephone No. <u>(601) 444 9815</u>	Distance: _____ Direction: _____ Nearest Town: _____ <u>5 Miles South of Foxworth MS</u>

Well / Borehole Data

Date drilling started: 5-27-08 Date drilling completed: 5-27-08 Hole depth: 80 Hole diameter: 7 in

Location of the source of any surface water used for drilling: Well 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: 15 feet above or below (circle one) land surface Date measured: 5-27-08

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

Well depth: 80 feet (well grouted to a depth of 10 feet) Type of grout (circle one): Concrete Mortar _____

Casing length: 60 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 0.075 inches Setting depth (from _____ 60 feet to _____ 80 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.*

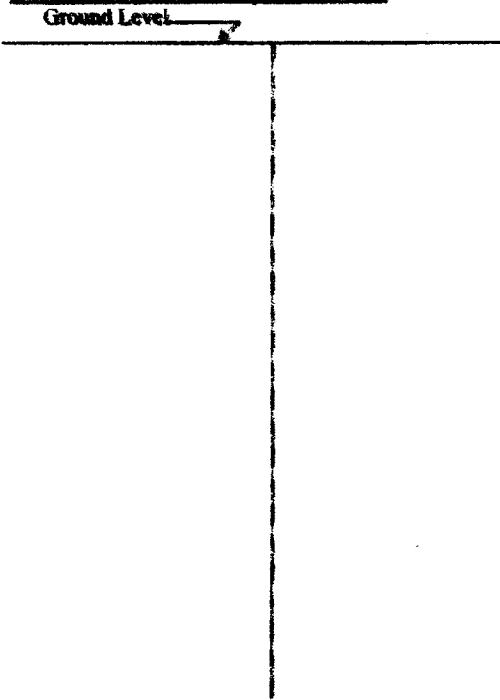
Form: OLWR-SWR-1A (04/08)

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 BY: OLWR

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)
	Consistent Log used		
Clay	0		1
Sand	1		25
Red sand	25		30

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 Mcnabb

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

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

James Wells
 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 2300
 JACKSON, MS 39240
 (601)961-5210
 (601)961-5220 (fax)

County: Marion
 Permit #: _____
 Driller: JAMES WILKS
S-27-08
 Copy information from block on Part 1

For Gravel Use Only
 Aquifer: _____
 Well #: Q-61
 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.

<p>Owner Name: <u>Jimmy Mc Mahrt</u> Mailing Address: <u>1 - Dorkas Landing</u> <u>Foxworth ms</u> <u>39483</u> City: _____ State: _____ ZIP CODE: _____ Telephone No.: <u>601 444 9815</u></p>	<p>Latitude: _____ Longitude: _____ Method of Location (check one): <input checked="" type="checkbox"/> Conventional Survey <input type="checkbox"/> USGS quad _____ <input type="checkbox"/> Hand-held GPS _____ <input type="checkbox"/> Survey-grade GPS _____ _____ <input type="checkbox"/> 1/4 _____ <input checked="" type="checkbox"/> Sec 18 <input type="checkbox"/> T 2N <input checked="" type="checkbox"/> R 14E Distance: _____ Direction: _____ Nearest Town: _____ <u>5</u> miles <u>South</u> of <u>Foxworth ms</u></p>
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<p>Pump Type Circle one</p> <p>Air Lift: <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u> Bucket: <input type="checkbox"/> Piston <input type="checkbox"/> Turbine Centrifugal: <input type="checkbox"/> RANNEY <input type="checkbox"/> FORWARD WHEEL Other (specify): _____ Date Pump Installed: <u>S-27-08</u> Rated Pump Capacity: <u>15</u> Gallons Per Minute</p>	<p>Power Type Circle one</p> <p>Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO Water Powered <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>1</u> Section Depth: <u>40</u> Feet Number of Stages: <u>14</u></p>
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<p>Pump Test Data</p> <p>Date Well Tested: <u>S-27-08</u> Static Water Level (ft): <u>15</u> Feet Below Land Surface Pumping Water Level (ft): <u>40</u> Feet Below Land Surface Drawdown (ft) - (A-B): <u>15</u> Feet Below Land Surface Test Pumping Rate: <u>15</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours</p>	<p>Method of Measuring Water Level Circle one</p> <p>Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> <u>Steel Tape</u> Other (specify): _____ For flowing well, measured shaft in hole: _____ feet Well protected: <u>15</u> Gallons with a drawdown of _____ <u>15</u> feet after <u>4</u> hours of pumping</p>
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
JAMES WILKS 0-586
 STATE BOARD OF PUBLIC UTILITIES AND REGULATORY AFFAIRS
James Wilks
 MISSISSIPPI STATE BOARD OF PUBLIC UTILITIES AND REGULATORY AFFAIRS
 PHONE: (601)961-5210 (601)961-5220 (fax)

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