| | State Well Report | |
|-----------------------------------|---|----------------------|
| County: Morshall | Part 1 – Driller's Log | For Office Use Only: |
| | Mississippi Department of Environmental Quality | Aquifer: |
| Permit #: | Office of Land and Water Resources | well #: H- 319_ |
| Driller: Jones w. Majan | P.O. Box 10631 | |
| | Jackson, MS 39289-0631 | L. S. Elevation: |
| Date drilling completed: 11-5-07. | (601)961-5210 | |
| | (601)354-6938 (fax) | E-log #: |

-3

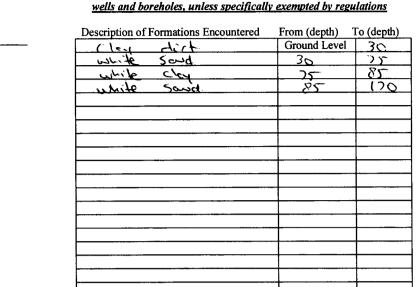
State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

| Information on Well Owner (Landowner if borehole is not for a water well) Well or Borehole Location Owner Name_Browdew Simpsod Mailing Address: USGS quad (Hand-held GPS) Survey-grade GPS | | | | |
|--|------|--|--|--|
| Owner Name_Browden Simpson Mailing Address: USGS guad Hand-held GPS.) Survey-grade GPS | · | | | |
| Owner Name_Orcodex_Simpson Method of Lat/Long (circle one): Conventional Survey, Mailing Address: USGS guad Hand-held GPS_Survey-grade GPS | " | | | |
| Mailing Address: | | | | |
| USGS quad/Hand-held GPS.) Survey-grade GPS | | | | |
| | | | | |
| 1603 ST Poul. NES 1/4 Sec 913 Twn 35 Rng Su | | | | |
| By State Zip Code Direction Nearest Town | | | | |
| Ma Miles E of inderson | | | | |
| Telephone No. (901) 299 - 9618 | | | | |
| Well / Borehole Data | _ | | | |
| | | | | |
| Date drilling started: $1-5-07$ Date drilling completed: $1-5-07$. Hole depth: $170'$ Hole diameter: $63/4$ | | | | |
| Location of the source of any surface water used for drilling: | | | | |
| Method of dosing and volume of Chlorine used in drilling and development: | | | | |
| A CALLER IN THE ALL CALLER BALL Description Service Mentering Others | | | | |
| Logs run (circle all applicable). No log run Electric Gamma Ray Density Sonic Neutron Other: | | | | |
| | | | | |
| Purpose of borehole (check one): Water Well <u>C</u> Geotechnical/Geological Investigation Ground Source Heat Pump | | | | |
| Seismic Survey Other (<i>describe</i>) | | | | |
| 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: 84 feet above or below princle one) land surface Date measured: 11-15-07 | | | | |
| Method of Measurement (circle one) steel tape electric tape air line other: string [neight | | | | |
| Well depth: 10 Well grouted to a depth of 6 feet Type of grout (circle one): Neat Cement Bentonite Mix | | | | |
| Casing length: <u>160</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>04</u> | | | | |
| | | | | |
| Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>$\rho \cup c$</u> | | | | |
| Screen slot size: <u>010</u> inches Setting depth: From <u>160</u> feet to <u>170</u> 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 | | | | |
| | R-1A | | | |

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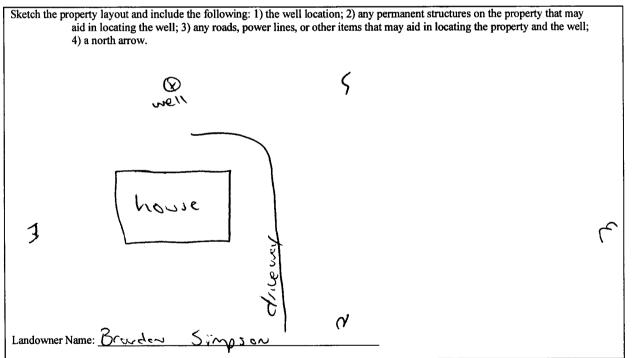
The sketch below only required for water wells

If well telescopes, show depths on sketch. Ground Level



Description of formations encountered must be provided for all

If more than one screen, show location of each on sketch



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. Janes W Meson (2-620 12-3-07

pens w. M.

Print Name of Responsible Licensee and License No.

Date

' Signature of Licensee

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| STATE WELL REPORT | | | | |
|--|--|--|--|--|
| County 5 VIGE 5 CS CI Pump Installer Permit #: Mississippi Departme Driller: Jaces 2 2 Acsol Date completed: 11- (5-07) Copy information from block on Part 1 (601)3: This part of the report must be completed by a licensed water well | For Office Use Only: s Completion Report nt of Environmental Quality and Water Resources Box 10631 MS 39289-0631)961-5210 54-6938 (fax) contractor or a licensed pump installer. A copy of Part 1 of the contractor or a licensed pump installer. A copy of Part 1 of the | | | |
| report must be attached and both parts filed with the Department Well Owner Information | Well Location | | | |
| Owner Name: Brouden Simpson | Latitude: 34, 49, 327 Longitude: 89, 40-244 | | | |
| Mailing Address: | Method of Lat/Long (check one): Conventional Survey, | | | |
| 1603 ST Poul | USGS quad, Hand-held GPS, Survey-grade GPS | | | |
| Byholia Ms 38611 City State Zip Code | NW 1/2 NE 1/2 Sec 13 T 35 R 500 | | | |
| | Distance Direction Nearest Town | | | |
| Telephone No. (901) 299 - 9648 | 12 Miles E of worsow | | | |
| Pump Type Circle one | Power Type Circle one | | | |
| Air Lift Jet Submersible | Diesel Engine Gasoline Engine Natural Gas | | | |
| Bucket Piston Turbine | Electric Motor Hand Tractor PTO | | | |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): | | | |
| Other (specify): | Horse Power Rating of Motor: 314 | | | |
| Date Pump Installed: 11-15-07 | Setting Depth: / 20feet | | | |
| Rated Pump Capacity:Gallons Per Minute | Number of Stages: | | | |
| Pump Test Data | Method of Measuring Water Level | | | |
| Date Well Tested: | Circle one | | | |
| Static Water Level (A): 8.4 Feet Below Land Surface | Air Line Electric Measuring Line Steel Tape | | | |
| Pumping Water Level (B): Feet Below Land Surface | Other (specify): <u>String (weight</u> | | | |
| Drawdown [(B) – (A)]:Feet Below Land Surface | For flowing well, measured shut in head: $\underline{\mathcal{MA}}$ feet | | | |
| Test Pumping Rate: Gallons Per Minute | Well yielded GPM with a drawdown of | | | |
| Duration of Pump Test (minimum 4 hours):hours | $\underline{\qquad}$ AM feet after $\underline{\qquad}$ hours of pumping | | | |
| | | | | |
| I HEREBY CERTIFY that the above statements are true to the best of my knowledge. | | | | |
| Jones W. Meson 0-620 Gens w. Man | | | | |
| Print Name of Pump Installer and License No. (if applicable) / Signature of Pump Installer | | | | |

| rint Name of Pum | p Installer and License N | No. (if applicable) |
|------------------|---------------------------|---------------------|

Form: OLWR-SWR-1B RECEIVED DEC 0 6 2007

BY: OLWR