County: Monroe

Permit #:

Driller: Leeper Drilling

Date drilling completed: 10-16-06

State Well Report

Part 1

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 #: Q-105

L. S. Elevation:

E-log #:

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information

Owner Name: Norman Gitwiller

Mailing Address: 240 CR 248

Houston MS 38851
City / State Zip Code

Telephone No. 662 456-5878

Well Location

Latitude: ° ' " Longitude: ° ' "

Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS

¼ ¼ Sec 19 Twn 15S Rng 6E

Distance 6 Miles Direction South of Nearest Town TREBLOC

Well Data

Purpose of Well (circle one): (Home) Industrial Public Supply Irrigation Fish Culture Other:

Date well drilling started: 10-12-06 Date well drilling completed: 10-16-06

If flowing, method of flow regulation: Valve — Other (describe) —

Static Water Level: 108 feet above or (below) (circle one) land surface Date measured: 10-17-06

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

Hole depth: 460 ft. Well depth: 460 ft. Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite (Mix)

Casing length: 360 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 2" inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 420 feet to 460 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 back of page**

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:

Name of organization running log(s):

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Leeper Drilling #0079
Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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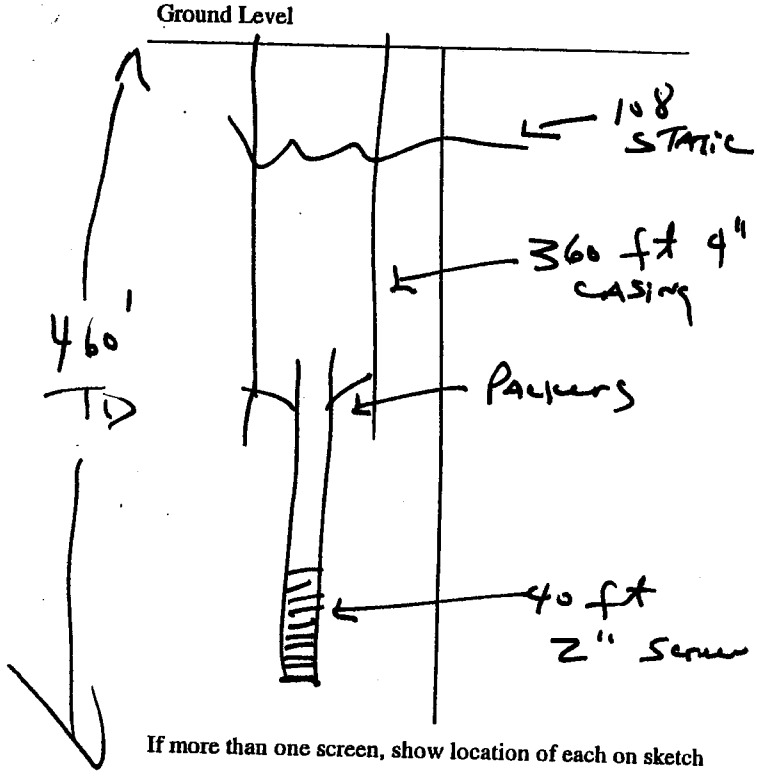
BY OLWR

Q-105

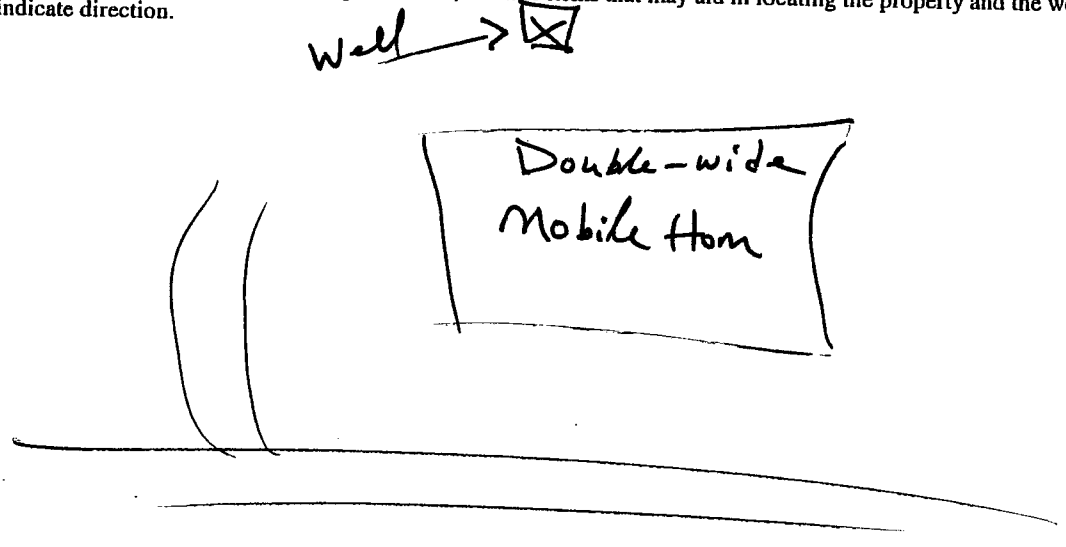
If well telescopes please sketch below and show depths.



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

Description of Formations Encountered	From	To
TOP CLAY	0	20
Blue clay	20	200
Silty Sand	200	290
CHALK	290	400
Sand	400	460

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) indicate direction.



Landowner Name: Norman Litwiller

Signature of Water Well Contractor

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BY

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: Monroe
Permit #:
Driller: Leeper Drilling
Date completed: 10-17-06

For Office Use Only:
Aquifer:
Well #: Q-105
Elevation:

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information

Owner Name: Norman Litwiller
Mailing Address: 240 CR 248
Houston MS 38851
City State Zip Code
Telephone No. (662) 456-5878

Well Location

Latitude: _____ Longitude: _____
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
____ ¼ ____ ¼ Sec 19 Twn 15 S Rng 6 E
Distance 6 Miles Direction South of Nearest Town Trebloc

Pump Type
Circle one

Air Lift | Jet | (Submersible) | Bucket | Piston | Turbine | Centrifugal | Rotary | Flowing Well
Other (specify): _____
Date Pump Installed: 10-17-06
Rated Pump Capacity: 12 Gallons Per Minute

Power Type
Circle one

Diesel Engine | Gasoline Engine | Natural Gas | (Electric Motor) | Hand | Tractor PTO | Windmill | Other (specify): _____
Horse Power Rating of Motor: 1½ HP
Setting Depth: 189 feet
Number of Stages: 18

Pump Test Data

Date Well Tested: 10-17-06
Static Water Level (A): 108 Feet (Below) Land Surface
Pumping Water Level (B): _____ Feet Below Land Surface
Drawdown [(B) – (A)]: _____ Feet Below Land Surface
Test Pumping Rate: _____ Gallons Per Minute
Duration of Pump Test (minimum 4 hours): _____ hours

Method of Measuring Water Level
Circle one

Air Line | Electric Measuring Line | (Steel Tape)
Other (specify): _____
For flowing well, measured shut in head: _____ feet
Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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

Leeper Drilling # 0079
Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

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OCT 24 2006
BY: CLMP