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)

County: PANOLA
Permit #:
Driller: BOB SMITH
Date drilling completed: 6-17-08

For Office Use Only:
Aquifer:
Well #: B-12
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: MARK LONG
Mailing Address: 647 Hammond Hill RD
City: Como State: MS Zip Code: 38619
Telephone No. 662 267-8643

Well Location

Latitude: ° ' " Longitude: ° ' "
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
¼ ¼ Sec. 26 Twp. 6S Rng. R8W
Distance: 4 Miles Direction: W of Nearest Town: Como

Well Data

Purpose of Well (circle one): (Home) Industrial Public Supply Irrigation Fish Culture Other:
Date well drilling started: 6-17-08 Date well drilling completed: 6-17-08
If flowing, method of flow regulation: Valve Other (describe)
Static Water Level: 75 feet above or (below) (circle one) land surface Date measured: 6-17-08
Method of Measurement (circle one) steel tape electric tape air line other: STRING + WEIGHT
Hole depth: 115 Well depth: 115 Well grouted to a depth of 10 feet
Type of grout (circle one): (Cement) Bentonite Mix
Casing length: 95 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: 10 THOUS inches Setting depth: From 95 feet to 115 feet
Type of completion (circle all applicable): Gravel packed Undereamed Telescoped Open hole Natural Development
Other (describe): WASHED SAND
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.

BOB SMITH D-645 — Print Name of Water Well Contractor and License No.
Signature of Water Well Contractor

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B-12

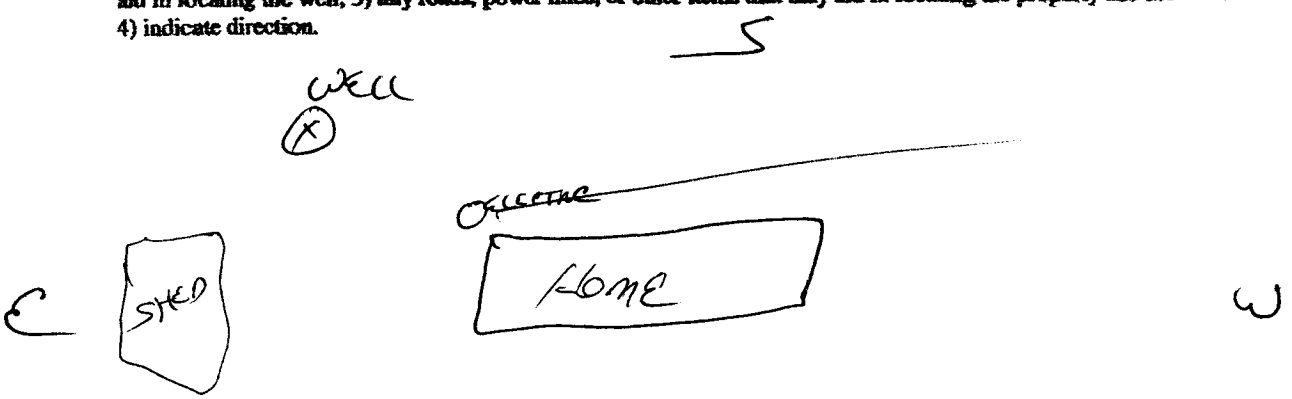
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
TOP SOIL	0	5
BROWN CLAY	5	27
WHITE + RED CLAY	27	38
WHITE CLAY	38	52
GRAVEL	52	100
WHITE SAND	100	115

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) indicate direction.



Landowner Name: MARK LONG N

Signature of Water Well Contractor

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JUN 27 2008
BY: OLWR

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: PANOLA
Permit #:
Driller: BOB SMITH
Date completed: 6-17-08

For Office Use Only:
Aquifer:
Well #: B-12
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: MARK LONG
Mailing Address: 1647 Hammond Hill Rd
Como, MS. 38619
City State Zip Code
Telephone No. 662 267-8643

Well Location

Latitude: Longitude:
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
____ ¼ ____ ¼ Sec. 26 Twn. T6S Rng. R8W
Distance 4 Miles Direction W of Nearest Town Como

Pump Type
Circle one

Air Lift | Jet | (Submersible)
Bucket | Piston | Turbine
Centrifugal | Rotary | Flowing Well
Other (specify):
Date Pump Installed: 6-17-08
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: 3/4
Setting Depth: 100 feet
Number of Stages: 11

Pump Test Data

Date Well Tested: 6-17-08
Static Water Level (A): 75 Feet Below Land Surface
Pumping Water Level (B): Feet Below Land Surface
Drawdown [(B) – (A)]: Feet Below Land Surface
Test Pumping Rate: 12 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): STRING WEIGHT

For flowing well, measured shut in head: feet
Well yielded 12 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.

BOB SMITH 0645
Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer