

County: PANOLA
 Permit #: _____
 Driller: LIFE WELL & SUPPLY CO
 Date drilling completed: 10/4/06

State Well Report Part 1 - Driller's Log

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-44
 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>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name <u>ACT BUILDINGS</u>	Latitude: _____ Longitude: _____
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>10125 HWY 6 W</u>	<u>NN 1/4 SE 1/4 Sec 16 Twn 28N Rng 2E</u>
<u>BATEVILLE, MS. 38606</u>	Distance Direction Nearest Town
City State Zip Code	<u>5 Miles W of BATEVILLE</u>
Telephone No. <u>(662) 563-4574</u>	

Well / Borehole Data

Date drilling started: 10/4/06 Date drilling completed: 10/4/06 Hole depth: 85' Hole diameter: 8"

Location of the source of any surface water used for drilling: _____

Method of dosing and volume of Chlorine used in drilling and development: 10 PPM ADDED TO DRILLING WATER

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: 8 feet above of below (circle one) land surface Date measured: 10/4/06

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

Well depth: 85 Well grouted to a depth of 20 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 65 feet Casing diameter: 4" inches Type of casing: PVC

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

Screen slot size: .014 inches Setting depth: From 65 feet to 85 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

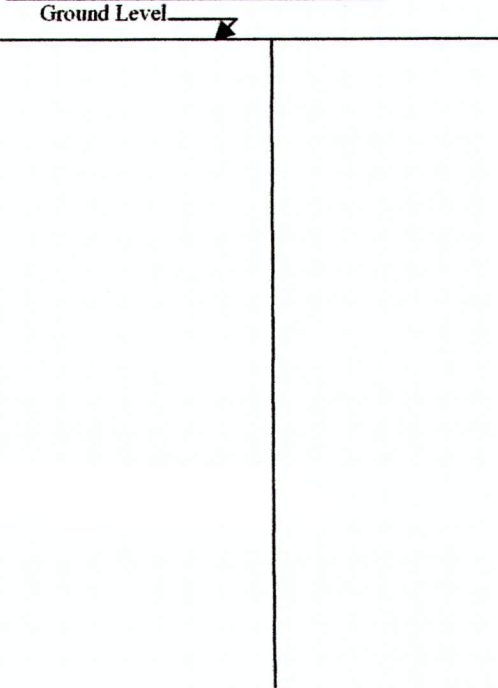
Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

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Q44

The sketch below only required for water wells

If well telescopes, show depths on sketch.

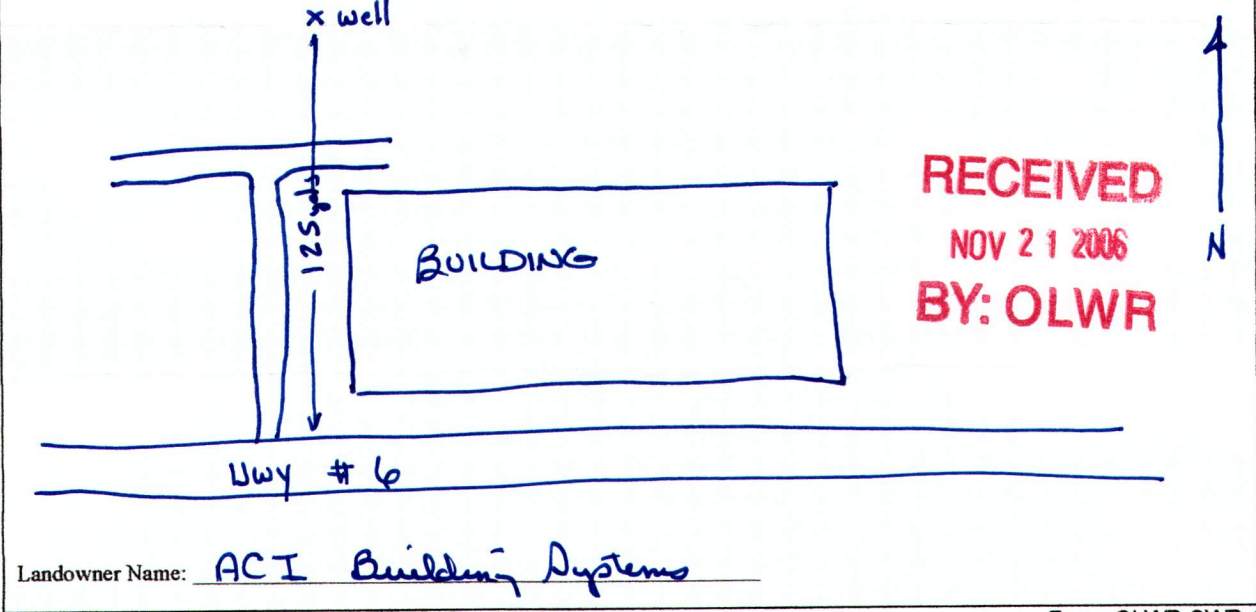


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Top soil	Ground Level	5
Clay	5	18
Sand	18	85

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.



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.

LARRY LIPE 0-01 11/16/06
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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: LIFE
 Date completed: 10/4/06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: Q 44
 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>ACTI BUILDING SYSTEMS</u>	Latitude: _____ Longitude: _____
Mailing Address: _____ <u>10125 Hwy 6 W</u> <u>BATESVILLE, MS 38606</u> <small>City State Zip Code</small>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>NW ¼ SE ¼ Sec 16 T 28 N R 2 E</u>
Telephone No. <u>(662) 563-4574</u>	Distance _____ Direction _____ Nearest Town _____ <u>5 Miles W of BATESVILLE</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>10/4/06</u>	Setting Depth: <u>45</u> feet
Rated Pump Capacity: <u>75</u> Gallons Per Minute	Number of Stages: <u>11</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10/4/06</u>	BY: OLWR
Static Water Level (A): <u>8</u> Feet Below Land Surface	Air Line <u>Electric Measuring Line</u> Steel Tape
Pumping Water Level (B): <u>25</u> Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: <u>17</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>75</u> Gallons Per Minute	Well yielded <u>75</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	<u>17</u> feet after <u>4</u> hours of pumping

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

LARRY LIFE 0-01 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer