

State Well Report

Part 1

Mississippi Department of Environmental Quality

Office of Land and Water Resources

P.O. Box 2309
Jackson, MS 39225

For Office Use Only

Aquifer: R 701

Well #: _____

L.S. Elevation: _____

E-Long #: _____

County: PANOLA
Permit #: _____
Driller: BOB SMITH
Date drilling complet: 11-7-09

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

| Well Owner Information | Well Location |
|--------------------------------------|--|
| Owner Name: <u>LSL INVESTMENTS</u> | Latitude: <u>34.20.01</u> Longitude: <u>89.48.12</u> |
| Mailing Address: <u>355 ROPER RD</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>BATESVILLE, MS 38606</u> | <u>SW 1/4 NE 1/4 Sec 6 Twn 15 Rng R7W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>662 623-0006</u> | <u>1</u> Miles <u>W</u> of <u>BATESVILLE</u> |

Well Data

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

Date well drilling started: 11-7-09 Date well drilling completed: 11-7-09

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

Static Water Level: 20 feet above of below (circle one) land surface Date measured: 11-7-09

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

Hole Depth: 80 Well depth: 80 Well grouted to a depth of 10 feet

Type of grout: (circle one) Cement Bentonite Mix

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: 1/2 TROUS 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 incasing: _____ feet. If telescoped or more than one screen, describe on back

Logs run (circle one): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well 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 0645 [Signature]
Print name of Water Contractor and License No. Signature of Water Well Contractor

RECEIVED
NOV 11 2009
BY: OLWP

Ground Level

| |
|--|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

Description of Formations Encountered

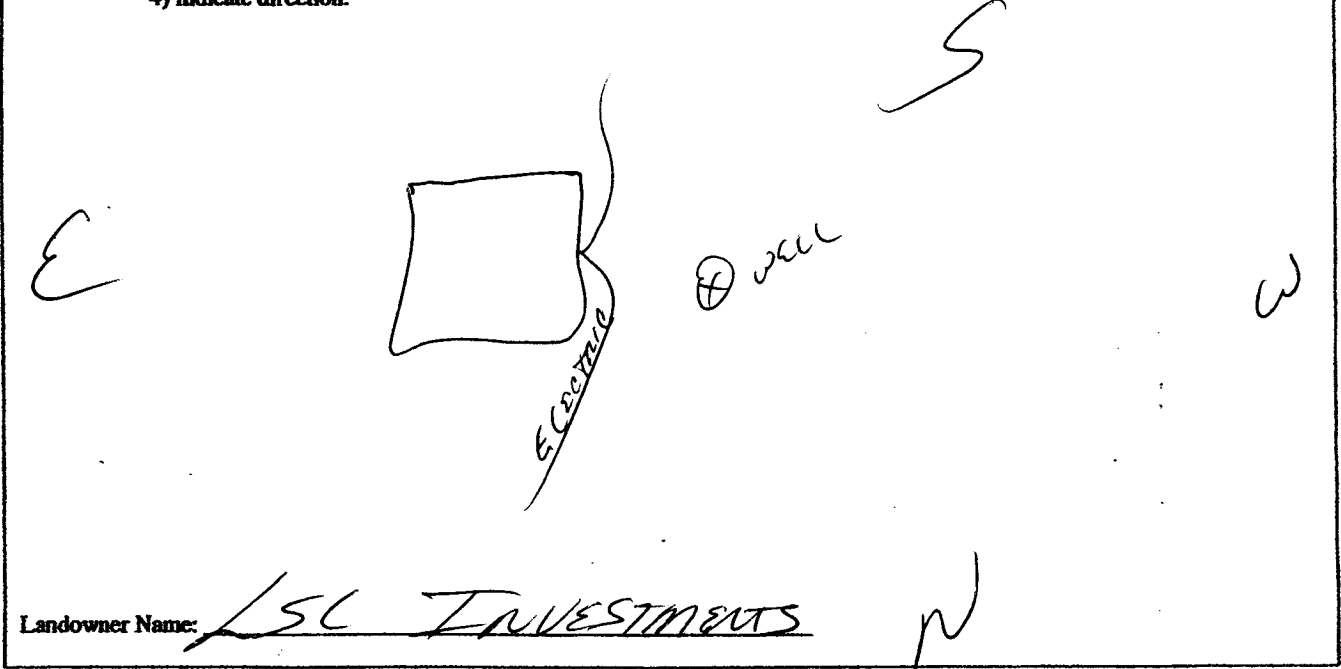
R101

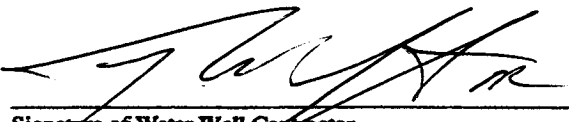
From To

| Description of Formations Encountered | From | To |
|---------------------------------------|------|----|
| TOP SOIL | 0 | 5 |
| BROWN CLAY | 5 | 17 |
| WHITE CLAY | 17 | 27 |
| WHITE SAND | 27 | 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) indicate direction.





 Signature of Water Well Contractor

RECEIVED
 NOV 30 2008
 BY: OLWF

State Well Report

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225

| | |
|---------------------|--------------|
| For Office Use Only | |
| Aquifer: | <u>P.101</u> |
| Well #: | _____ |
| Elevation: | _____ |

| | |
|-----------------|------------------|
| County: | <u>Panola</u> |
| Permit #: | _____ |
| Driller: | <u>BOB SMITH</u> |
| Date completed: | <u>11-7-09</u> |

This report be prepared by the pump installer in detail and filed with the Department within 30 days of completion of drilling of the well.

| Well Owner Information | Well Location |
|--------------------------------------|--|
| Owner Name: <u>LSL INVESTMENTS</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>355 ROPER RD</u> | Method of Lat/Long (circle one): Conventional Survey USGS quad, Hand-held GPS, survey grade GPS |
| <u>BOZEMAN MS. 38606</u> | <u>1/4 1/4 Sec 26 Twn 15 Rng 12W</u> |
| City State Zip Code | Distance _____ Direction _____ Nearest Town _____ |
| Telephone No. <u>(662) 623-0006</u> | <u>1</u> miles <u>W</u> of <u>BOZEMAN</u> |

| Pump Type | Power Type |
|---|---|
| Circle one | 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>1</u> |
| Date Pump Installed: <u>11-7-09</u> | Setting Depth: <u>60</u> feet |
| Rated Pump Capacity: <u>5</u> gallons per min | Number of Stages: <u>14</u> |

| Pump Test Data | Method of Measuring Water Level |
|--|---|
| Date Well Tested: <u>11-7-09</u> | circle one Air Line Electric Measuring Line Steel Tape |
| Static Water Level(A): <u>20</u> feet below Land Surface | Other(specify): <u>LINE & WEIGHT</u> |
| Pumping Water Level(B): _____ feet below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown[(B)-(A)]: _____ feet below Land Surface | Well yielded <u>10</u> GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: <u>10</u> gallons per Minute | |
| Duration of Pump Test(minimum 4 hours): _____ hrs | |

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

| | |
|--|-----------------------------|
| <u>BOB SMITH 0-645</u> | <u>[Signature]</u> |
| Print Name of Pump Installer and License No. | Signature of Pump Installer |

RECEIVED
NOV 10 2009
BY: OLWR