

County: PEARL RIVER
 Permit #: 0-519
 Driller: JOCK R. BURGE
 Date drilling completed: 2-5-08

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 #: W-246
 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.

<p>Information on Well Owner (Landowner if borehole is not for a water well) * <u>2</u></p> <p>Owner Name: <u>Hensley RAY LEE</u> Mailing Address: <u>46 NEELY BURKS RD</u> <u>CARRIZO MS.</u> <u>CARRIZO MS. 39424</u> City State Zip Code Telephone No. <u>(601) 798-7375</u></p>	<p>Well or Borehole Location <u>Google EARTH</u></p> <p>Latitude: <u>30° 31' 02.09"</u> Longitude: <u>89° 42' 59"</u> Method of Lat/Long (circle one): <u>39</u> Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SW SW 1/4 Sec 23 Twn 18 N Rng 9 E</u> Distance Direction Nearest Town <u>1 Miles NORTH of PICAUNE</u></p>
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Well / Borehole Data

Date drilling started: 1-27-08 Date drilling completed: 2-5-08 Hole depth: 90' Hole diameter: 3 1/2"

Location of the source of any surface water used for drilling: CITY WATER
 Method of dosing and volume of Chlorine used in drilling and development: ADD TO TANK

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: 30' feet above or below (circle one) land surface Date measured: 2-5-08

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

Well depth: 90 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite MIX

Casing length: 80 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 2 inches Type of screen: SLOT

Screen slot size: 12 inches Setting depth: From 80 feet to 90 feet

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

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

Form: OLWR-SWR-1A

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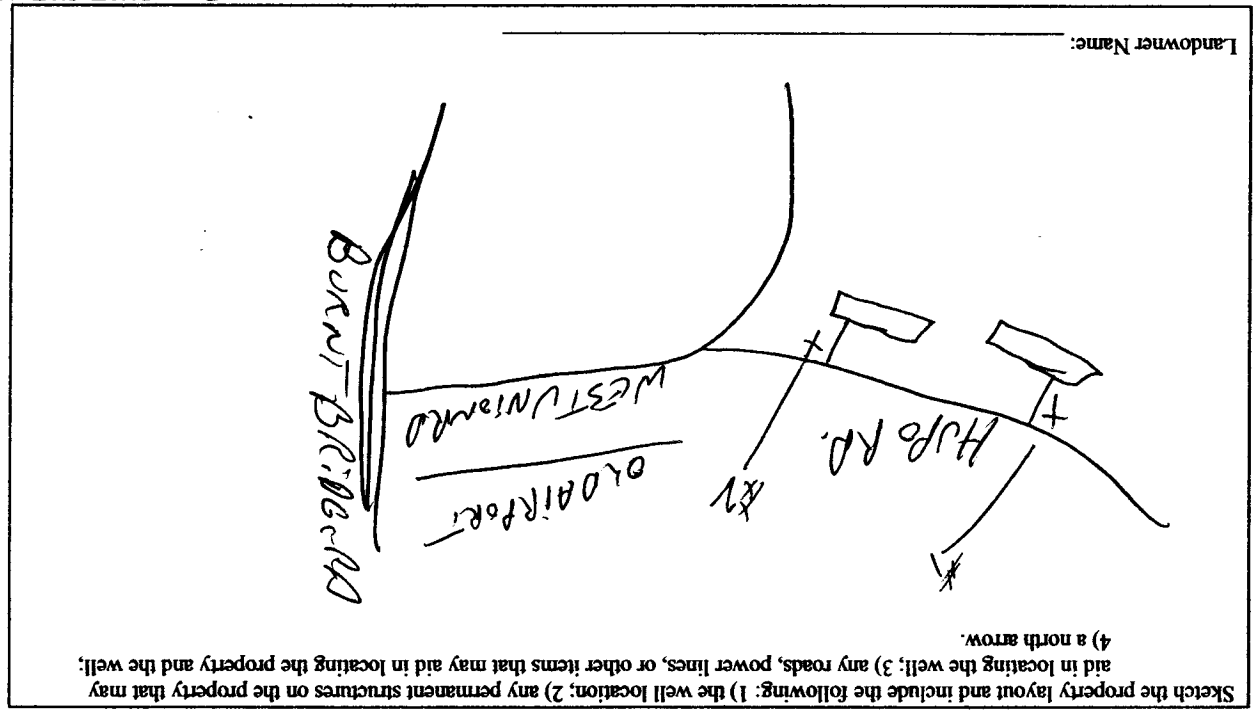
Form: OLWR-SWR-1A

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.

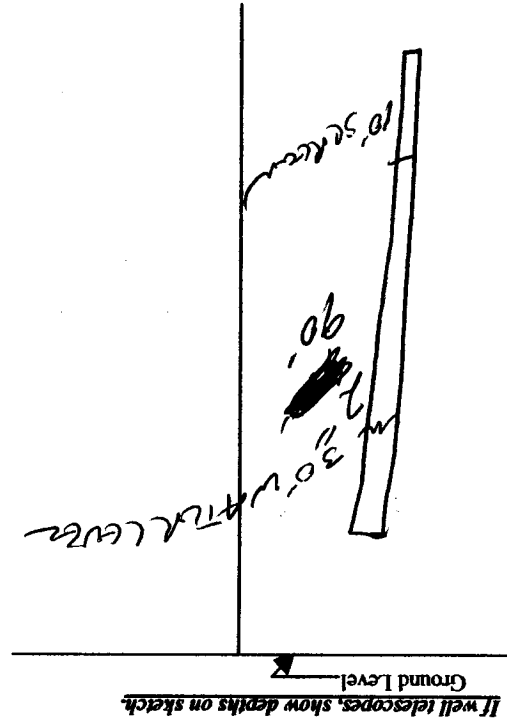
Print Name of Responsible Licensee and License No. JOCK R. BURKE

Date 2-2-08

Signature of Licensee [Handwritten Signature]



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



The sketch below only required for water wells

Description of Formations Encountered	From (depth) To (depth)	
	From (depth)	To (depth)
RECCLAG	10	20
SAND	20	40
FRAGILE	40	60
SAND	60	90
ROCK SAND		

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

County: PEARL-RIVER
 Permit #: 0-519
 Driller: JOCK BURGE
 Date drilling completed: 2-5-08

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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 #: W-247
 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 (Landowner if borehole is not for a water well) *1	Well or Borehole Location
Owner Name: <u>HENSLEY LEE</u>	Latitude: <u>30° 31' 02.09"</u> Longitude: <u>89° 42' 59"</u>
Mailing Address: <u>46 N. KELLY BURK'S RD.</u>	Method of Lat/Long (circle one): <u>OR</u> Conventional Survey,
<u>CARRIZO MS.</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>CARRIZO MS 39424</u>	_____ 1/4 _____ 1/4 Sec <u>23</u> Twn <u>45</u> Rng <u>18W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 798-7375</u>	<u>1</u> Miles <u>NORTH</u> of <u>PICAYUNE</u>

Well / Borehole Data

Date drilling started: 2-28-08 Date drilling completed: 2-5-08 Hole depth: 465' Hole diameter: 3 1/2"

Location of the source of any surface water used for drilling: CITY WATER
 Method of dosing and volume of Chlorine used in drilling and development: ADD TO WATER TANK

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: 23' feet above or below (circle one) land surface Date measured: 2-5-08

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

Well depth: 465 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement _____ Bentonite _____ Mix

Casing length: 445 feet Casing diameter: 2 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 2 inches Type of screen: J-WRAP

Screen slot size: 12 inches Setting depth: From 445 feet to 465 feet

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

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

Form: OLWR-SWR-1A

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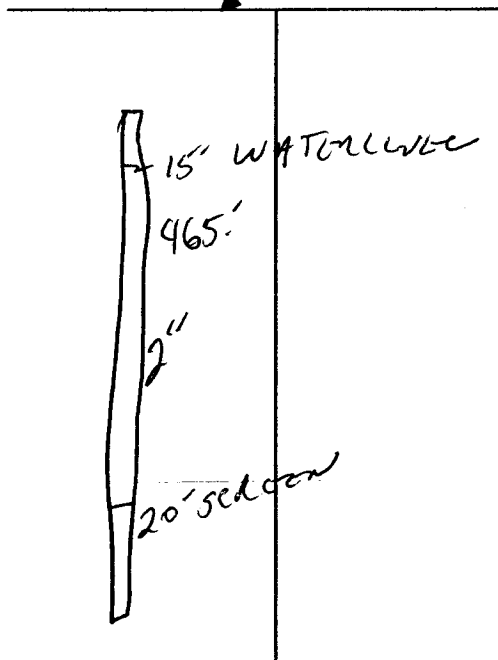
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The sketch below only required for water wells

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

If well telescopes, show depths on sketch.

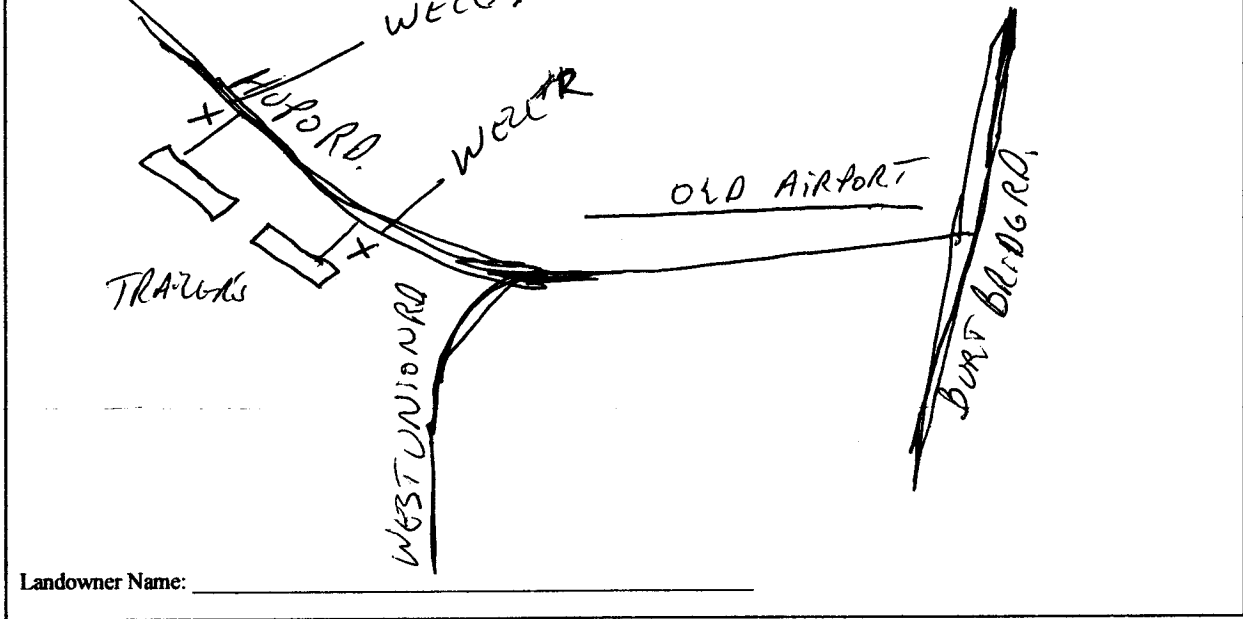
Ground Level →



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
RED DIRT	0	10
SAND	10	20
ROCK	20	60
SAND	60	90
BLUE CLAY	90	120
BROWN CLAY	120	160
BLUE CLAY	160	220
SAND	220	240
BLUE CLAY	240	320
SAND	320	330
BROWN CLAY	330	360
BLUE CLAY	360	380
SAND	380	465

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.



Landowner Name: _____

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.

DOCK R. BURGE 2-6-08
Print Name of Responsible Licensee and License No. Date

[Signature]
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: PEARL RIVER
 Permit #: 0519
 Driller: JOCK BURGE
 Date completed: 1-26-08
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: W-246
 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>HENSLEY LEE #12</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>56 NEELY BURKERS</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>CHARLOTTE MS 39429</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>23 T 18 R 4 S</u>
Telephone No. (____) _____	Distance Direction Nearest Town
	<u>1</u> Miles <u>north of Friday Springs</u>

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
<u>Centrifugal</u> Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): <u>MSE</u>	Horse Power Rating of Motor: <u>2 HP</u>
Date Pump Installed: <u>1-26-08</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-26-08</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>25</u> Feet Below Land Surface	

10 GPM
4 HOURS

10 GPM
0 DRAWDOWN

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JOCK BURGE 0519

Jock R Burge