

**State Well Report
Part 1 - Driller's Log**

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961-5210
(601)961-5228 (fax)

County: Pike
Permit #: N/A
Driller: Singletons Drk. LLC
Date drilling completed: 3/19/09

For Office Use Only:

Aquifer: _____
Well #: L-198
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 align="center">Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name <u>Mr. Felder Ross</u> Mailing Address: <u>8720 Livingston Ave.</u> <u>Apt. C</u> <u>Chalmette LA 70043</u> City State Zip Code Telephone No. <u>(504) 442-0374</u></p>	<p align="center">Well or Borehole Location</p> <p>Latitude: <u>31° 03' 32"</u> Longitude: <u>90° 23' 36"</u> Method of Lat/Long (circle one): Conventional Survey, <u>Google earth</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>SW 1/4 SW 1/4 Sec 10 Twn 1N Rng 8E</u> Distance Direction Nearest Town <u>6 Miles NE of Osyka</u> <u>2544 Charlie Rhoades Road</u></p>
---	---

Well / Borehole Data

Date drilling started: 3/18/09 Date drilling completed: 3/19/09 Hole depth: 105' Hole diameter: 6-3/4"
Location of the source of any surface water used for drilling: Private Well (Singletons)
Method of dosing and volume of Chlorine used in drilling and development: 5 ppm ... 1/2 gallon bleach / 1000 gal / 10.00
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: N/A
Name of organization running log(s): N/A
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 N/A Other (describe) N/A
Static Water Level: 35 feet above or below (circle one) land surface Date measured: 3/19/09
Method of Measurement (circle one) steel tape electric tape air line other: _____
Well depth: 105' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 75 feet Casing diameter: 4 inches Type of casing: pvc sch. 40
Screen length: 10 feet Screen diameter: 4 inches Type of screen: pvc slotted
Screen slot size: .012 inches Setting depth: From 75 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: N/A feet. *If telescoped or more than one screen, describe on next page*

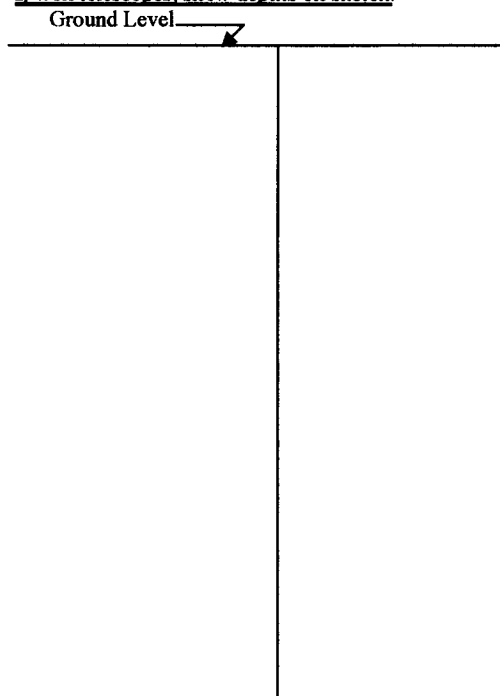
Form: OLWR-SWR-1A (04/08)

RECEIVED
APR 08 2003
BY: OLWR

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

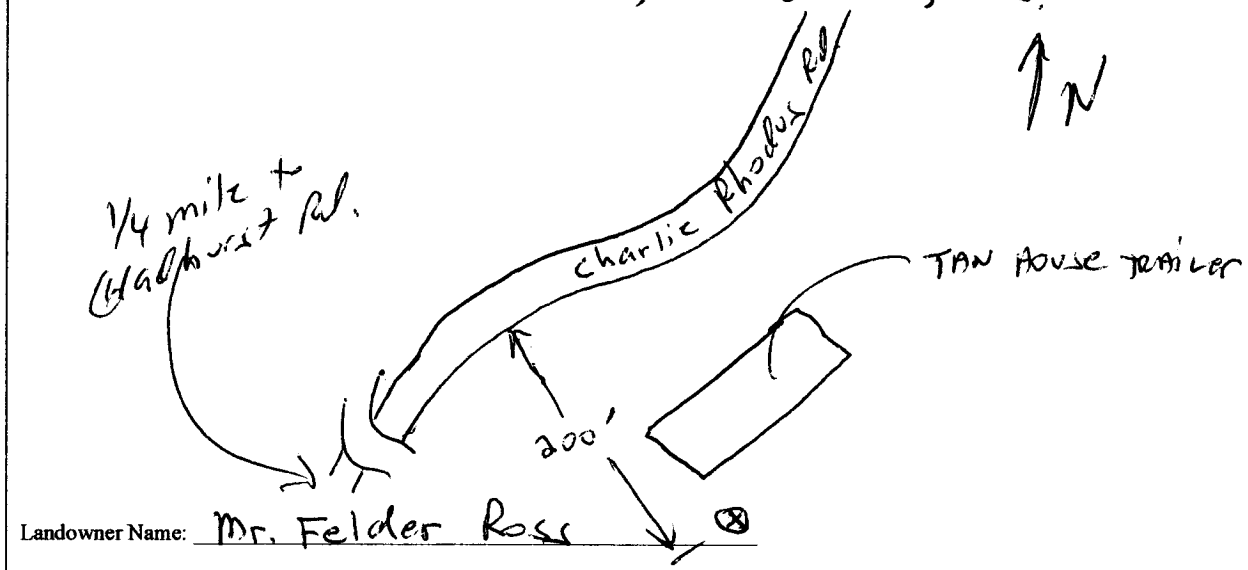


Description of Formations Encountered	From (depth)	To (depth)
TOP Soil	Ground Level	2
yellow clay	2	12
red sand	12	17
White SAND	17	20
Coarse Brn. SAND	20	26
yellow clay	26	27
Coarse Brn. SAND	27	35
SAND + (gravel)	35	55
red clay + (gravel)	55	70
Coarse Brn SAND + gravel	70	94
medium Brn. SAND	94	105

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.

3066 Charlie Rhodes Rd, Magnolia, MS.



Landowner Name: Mr. Felder Ross

Form: OLWR-SWR-1A (04/08)

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.

Teme Singleton 0-813

4/6/09

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

RECEIVED
APR 08 2003
BY: OhWR

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
 (601)961-5210
 (601)961-5228 (fax)

County: Pike
 Permit #: NA
 Driller: Teme Singleton
 Date completed: 3/23/09
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: L-198
 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.

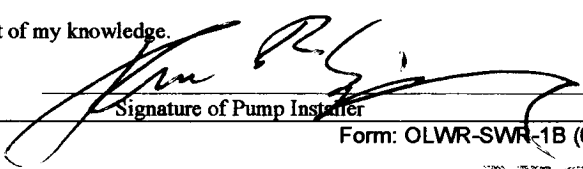
Well Owner Information	Well Location
Owner Name: <u>Mr. Felder Ross</u>	Latitude: <u>31°03'32"</u> Longitude: <u>90°33'36"</u>
Mailing Address: <u>8720 Livingston Ave.</u> <u>Apt. C</u> <u>Chalmette LA 70043</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ _____ ¼ _____ ¼ Sec _____ T _____ R _____
Telephone No. <u>(504) 442-0314</u>	Distance _____ Direction <u>N/E</u> of Nearest Town <u>Osyka</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>1 HP</u>
Date Pump Installed: <u>3/23/09</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3/23/09</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>35</u> Feet Below Land Surface	Other (specify): <u>marked depth of drop</u>
Pumping Water Level (B): <u>47</u> Feet Below Land Surface	<u>pipe + pulled pump up to detect top of water</u>
Drawdown [(B) - (A)]: <u>12</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>22</u> Gallons Per Minute	Well yielded _____ GPM with a drawdown of _____
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	_____ feet after _____ hours of pumping

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

Teme Singleton # 0-813
 Print Name of Pump Installer and License No. (if applicable)


 Signature of Pump Installer

Form: OLWR-SWR-1B (04/08)

RECEIVED
 APR 08 2009
 BY: OhWR