

County: Quitman
 Permit #: GW 41287
 Driller: _____
 Date drilling completed: 6/23/06

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 #: D-21
 L. S. Elevation: _____
 E-log #: _____

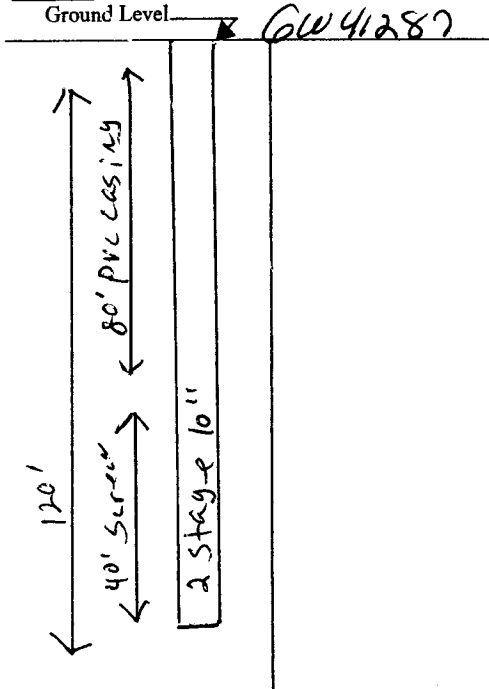
State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

<p align="center">Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Ellington Massy</u> Mailing Address: <u>P.O. Box 247</u> <u>Luon MS 38645</u> City State Zip Code Telephone No. <u>(601) 624-5357</u></p>	<p align="center">Well or Borehole Location</p> <p>Latitude: <u>0° 23' 65.6"</u> Longitude: <u>34° 17' 36.0"</u> Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey, Survey-grade GPS USGS quad, <u>SW 1/4 SW 1/4 Sec 15 Twn 28 N Rng 11 W</u> Distance <u>5</u> Miles <u>East</u> of <u>Jonestown</u></p>
<p>Well / Borehole Data</p>	
<p>Date drilling started: <u>6/23/06</u> Date drilling completed: <u>6/23/06</u> Hole depth: <u>120</u> Hole diameter: <u>16</u></p> <p>Location of the source of any surface water used for drilling: <u>supply well</u> Method of dosing and volume of Chlorine used in drilling and development: _____</p> <p>Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____ Name of organization running log(s): _____</p> <p>Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____</p> <p align="center"><i>If drilling is not related to water well construction, skip the remainder of this block</i></p> <p>Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> Fish Culture _____ Other: _____ If a flowing well, method of flow regulation: Valve _____ Other (describe) _____</p> <p>Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____ Method of Measurement (circle one) steel tape electric tape air line other: _____</p> <p>Well depth: <u>120</u> Well grouted to a depth of <u>120</u> feet Type of grout (circle one): Neat Cement Bentonite Mix Casing length: <u>80</u> feet Casing diameter: <u>10"</u> inches Type of casing: <u>PVC</u> Screen length: <u>40</u> feet Screen diameter: <u>10</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>.50</u> inches Setting depth: From <u>80</u> feet to <u>120</u> feet</p> <p>Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____</p> <p>Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i></p>	

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)
	Ground Level	
Clay	0	20
Fine sand	20	45
Coarse sand	45	120

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: Ellington Massy S

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 law.

Print Name of Responsible Licensee and License No. Joel Jumper 0368 Date 7-11-06 Signature of Licensee Joel Jumper

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: Quitman
 Permit #: COU 41287
 Driller: _____
 Date completed: 6/23/06
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: D-21
 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>Ellington Massy</u>	Latitude: <u>090 23 696</u>	Longitude: <u>34 17 601</u>	
Mailing Address: <u>P.O. Box 247</u>	Method of Lat/Long (check one): Conventional Survey _____		
<u>Lyon MS 38645</u>	USGS quad _____, Hand-held GPS <input type="checkbox"/> Survey-grade GPS <input checked="" type="checkbox"/>		
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>15 28 N R 11 W</u>		
Telephone No. <u>(662) 624-5357</u>	Distance	Direction	Nearest Town
	<u>5</u> Miles	<u>E</u>	of <u>Jonestown</u>

Pump Type Circle one			Power Type Circle one		
Air Lift	Jet	Submersible	<u>Diesel Engine</u>	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: _____		
Date Pump Installed: <u>6/23/06</u>			Setting Depth: _____ feet		
Rated Pump Capacity: _____ Gallons Per Minute			Number of Stages: <u>2</u>		

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
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 _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Joel Jumper 0368 Joel Jumper
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer