

County: Quitman
 Permit #: GW-45533
 Driller: CLAUDE MURPHY
 Date drilling completed: 1-17-12

State Well Report
Part I - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2307
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:
 Aquifer: E 80
 Well #: _____
 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>Charles Walker Evans</u>	Latitude: <u>34° 16' 10.94"</u> Longitude: <u>90° 19' 27"</u>
Mailing Address: <u>P.O. Box 348</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City: <u>Marks</u> State: <u>MS</u> Zip Code: <u>38646</u>	<u>42</u> <u>1/4 NW 1/4</u> Sec <u>29</u> Twn <u>28N</u> Rng <u>01W</u>
Telephone No. <u>(662) 444-4063</u>	Distance: <u>3</u> Miles Direction: <u>West</u> of Nearest Town: <u>Marks</u>

Well / Borehole Data

Date drilling started: 1-17-12 Date drilling completed: 1-17-12 Hole depth: 121' Hole diameter: 26"

Location of the source of any surface water used for drilling: nearby ditch
 Method of dosing and volume of Chlorine used in drilling and development: _____

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) N/A

Static Water Level: 19 feet above or below (circle one) land surface Date measured: 1-19-12

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

Well depth: 121' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 71 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 16 inches Type of screen: PVC

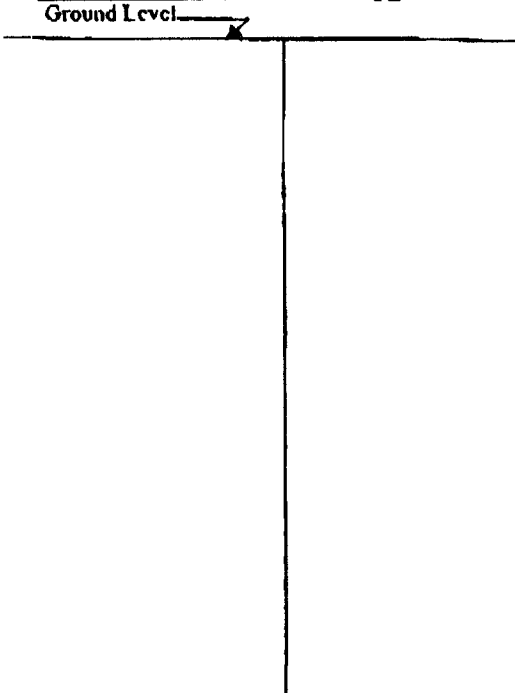
Screen slot size: 0.50 inches Setting depth: From 71 feet to 121 feet

Type of completion (circle all applicable): Gravel pack 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*

The sketch below only required for water wells.

If well telescopes, show depths on sketch.

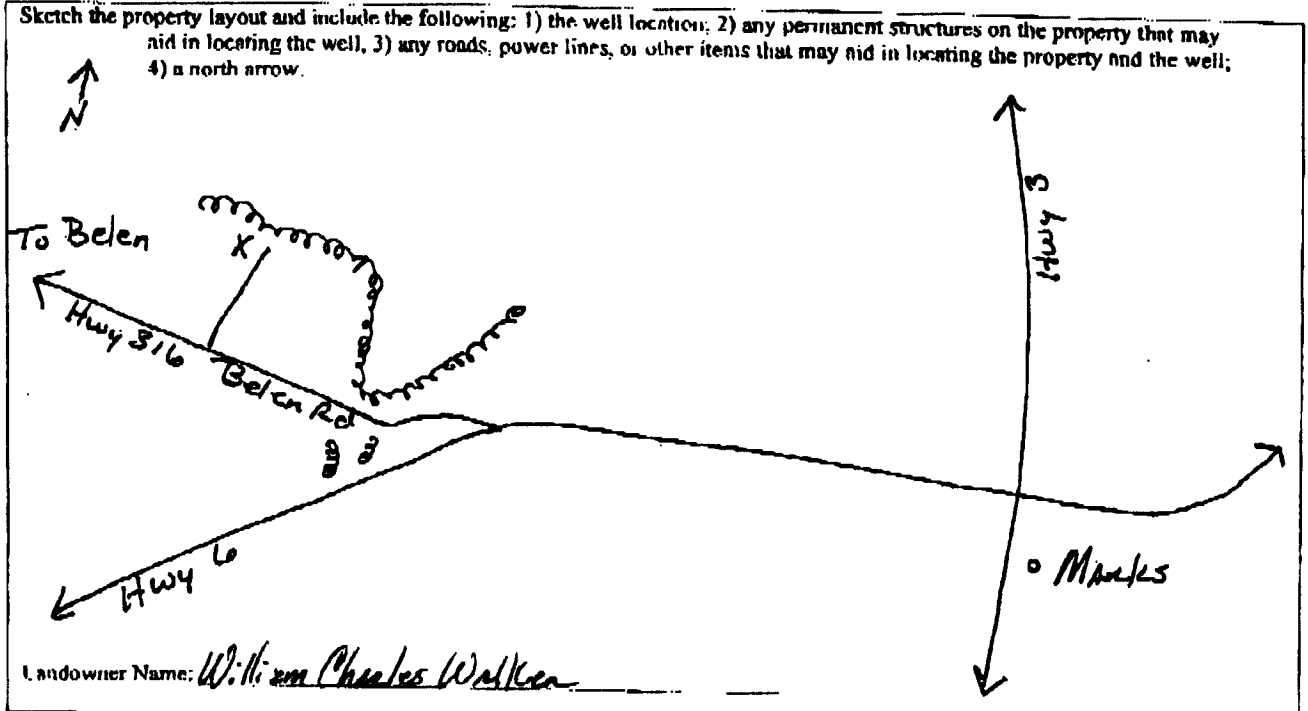


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Top Soil Sand	Ground Level	16
Clay	16	58
Medium/Coarse Sand & pea gravel	58	106
Medium Sand	106	117
Medium/Coarse Sand & Gravel	117	121

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 (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.

Clayton Miller 0-703 1-20-12

Clayton Miller

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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:

Aquifer: _____
 Well #: _____
 Elevation: _____

County: Quitman
 Permit #: GW-45533
 Driller: John Rybolt IV
 Date completed: 1-19-12
Copy information from block on Part 1.

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

Owner Name: Charles Wallace Falms
 Mailing Address: P.O. Box 348
Mark MS 38646
 City State Zip Code
 Telephone No. (662) 444-4063

Well Location

Latitude: N34°16'10.94" Longitude: W90°19'27.00"
 Method of Lat/Long (check one): Conventional Survey
 USGS quad _____ Hand-held GPS Survey-grade GPS _____
 _____ 1/4 _____ 1/4 Sec 29 T 28N R 01W
 Distance Direction Nearest Town
3 Miles West of Mark

Pump Type Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 1-19-12
 Rated Pump Capacity: _____ Gallons Per Minute

Power Type Circle one

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
 Windmill Other (specify): Gen Drive
 Horse Power Rating of Motor: 60
 Setting Depth: 70 feet
 Number of Stages: 1

Pump Test Data

Date Well Tested: NOT TESTED
 Static Water Level (A): 19 Feet Below Land Surface
 Pumping Water Level (B): N/A Feet Below Land Surface
 Drawdown ((B) - (A)): N/A Feet Below Land Surface
 Test Pumping Rate: N/A Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): N/A hours

Method of Measuring Water Level Circle one

Air Line Electric Measuring Line Steel Tape
 Other (specify): _____
 For flowing well, measured shut in head: N/A feet
 Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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

Clayton Miller 0-703
 Print Name of Pump Installer and License No. (if applicable)

Clayton Miller
 Signature of Pump Installer