

County: Simpson
 Permit #: _____
 Driller: Will Barlow
 Date drilling completed: 6-22-08

State Well Report
 Part 1

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: D82
 Well #: _____
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the driller 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>Price Wallace</u> | Latitude: <u>32° 00' - 33"</u> Longitude: <u>89° 51' - 56"</u> |
| Mailing Address: <u>162 John Deere Rd</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Mendenhall MS 39114</u> | UBGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | <u>NW 1/4 NE 1/4 Sec 14 Twn 2N Rng 4E</u> |
| Telephone No. (601) <u>382-5696</u> | Distance: <u>3</u> Miles Direction: <u>NE</u> of Nearest Town: <u>Mendenhall</u> |

Well Data

Purpose of Well (circle one): Other: live stock (Agriculture Industrial Public Supply Irrigation Fish Culture)

Date well drilling started: 6-17-08 Date well drilling completed: 6-22-08

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

Static Water Level: 55 feet above or below (circle one) land surface Date measured: 6-21-08

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

Hole depth: 220' Well depth: 210 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement (Bentonite Mix)

Casing length: 190 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC Slotted

Screen slot size: .008 inches Setting depth: From 190 feet to 210 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: _____ feet If telescoped or more than one screen, describe on back of page

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

Name of organization running logs: DEQ D-82

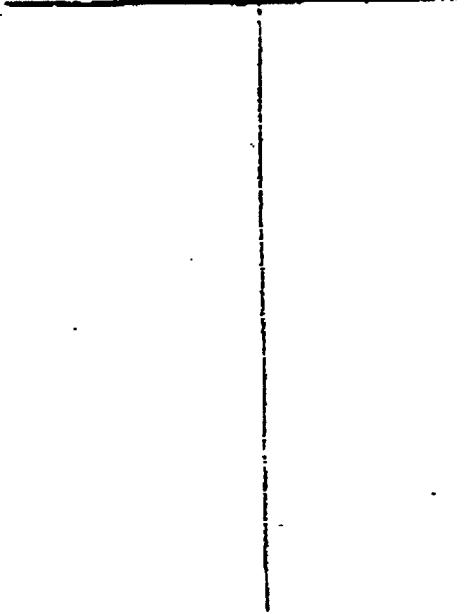
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Arnold Fincher Jr 0-560 _____
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

D82

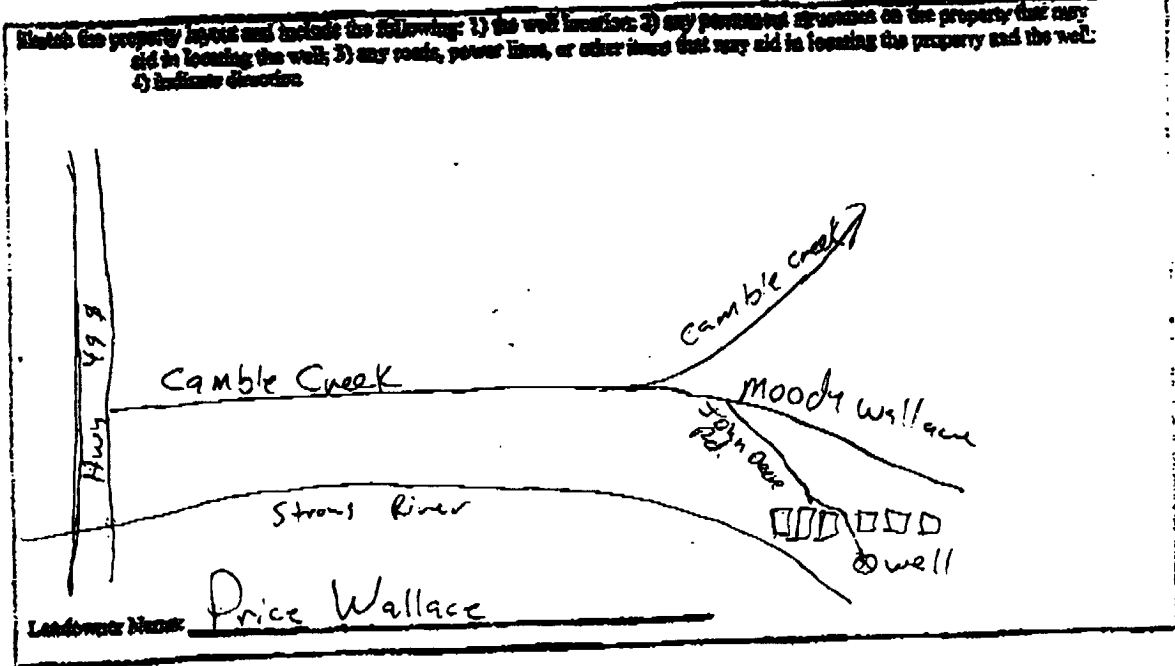
If well telescopes please sketch below and show depths.

Ground Level



| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Rock & Clay | 0 | 120 |
| SAND | 120 | 150 |
| Gray Clay | 150 | 190 |
| SAND | 190 | 210 |
| Gray Clay | 210 | - |
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If more than one screen, show location of each on sketch



Signature of Water Well Contractor

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)

For Office Use Only:

Acquifer: D82
 Well #: _____
 Elevation: _____

County: Simpson
 Permit #: _____
 Driller: Will Barlow
 Date completed: 6-22-08

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

| Well Owner Information | Well Location |
|--|---|
| Owner Name: <u>Price Wallace</u> | Latitude: <u>320033N</u> Longitude: <u>895156W</u> |
| Mailing Address: <u>162 John Deere Rd.</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| <u>Mendenhall Ms. 39114</u> | <u>NW 1/4 NE 1/4 Sec. 14 Twn 2N Rng 4E</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>(601) 382-5696</u> | <u>3 miles NE of Mendenhall</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</u> |
| Date Pump Installed: <u>6-22-08</u> | Setting Depth: <u>180'</u> feet |
| Rated Pump Capacity: <u>10</u> Gallons Per Minute | Number of Stages: <u>14</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: <u>6-22-08</u> | Air Line <u>Electric Measuring Line</u> Steel Tape |
| Static Water Level (A): <u>55</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>85</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown (B)-(A): <u>30</u> Feet Below Land Surface | Well yielded <u>15</u> GPM with a drawdown of |
| Test Pumping Rate: <u>15</u> Gallons Per Minute | <u>30</u> feet after <u>4</u> hours of pumping |
| Duration of Pump Test (minimum 4 hours): <u>4</u> hours | |

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

Arnold Fincher Jr 0-560
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer