

County: WARREN
 Permit #: MS 0517
 Driller: Bill Eastenling
 Date drilling completed: 6-24-07

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 #: M-36
 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>MS Bluffs Devel Corp</u>	Latitude: <u>32° 18' 12"</u> Longitude: <u>90° 54' 27"</u>
Mailing Address: _____ <u>B6D Bramblewood Dr</u> <u>Castle Rock CD 80108</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. <u>(303) 798-4133</u>	<u>1/4</u> <u>1/4</u> Sec <u>5</u> Twn <u>15</u> Rng <u>3E</u>
	Distance _____ Miles _____ Direction _____ of _____ Nearest Town <u>Vicksburg</u>

Well / Borehole Data

Date drilling started: 6-22-07 Date drilling completed: 6-24-07 Hole depth: 160' Hole diameter: 6"

Location of the source of any surface water used for drilling: FIRE Hydrant (city)
 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): MS OFFICE OF GEOLOGY

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: _____ feet above or below (circle one) land surface Date measured: _____

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

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

Casing length: _____ feet Casing diameter: _____ inches Type of casing: _____

Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____

Screen slot size: _____ inches Setting depth: From _____ feet to _____ 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 next page*

No pump

Form: OLWR-307
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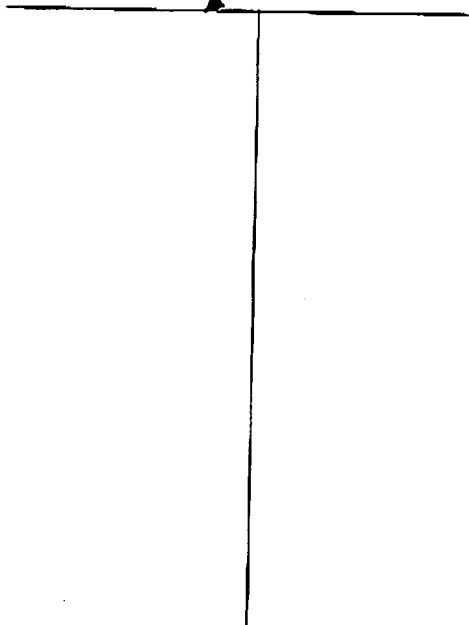
BURNS COOLEY DENNIS

M36

The sketch below only required for water wells.

If well telescopes, show depths on sketch.

Ground Level

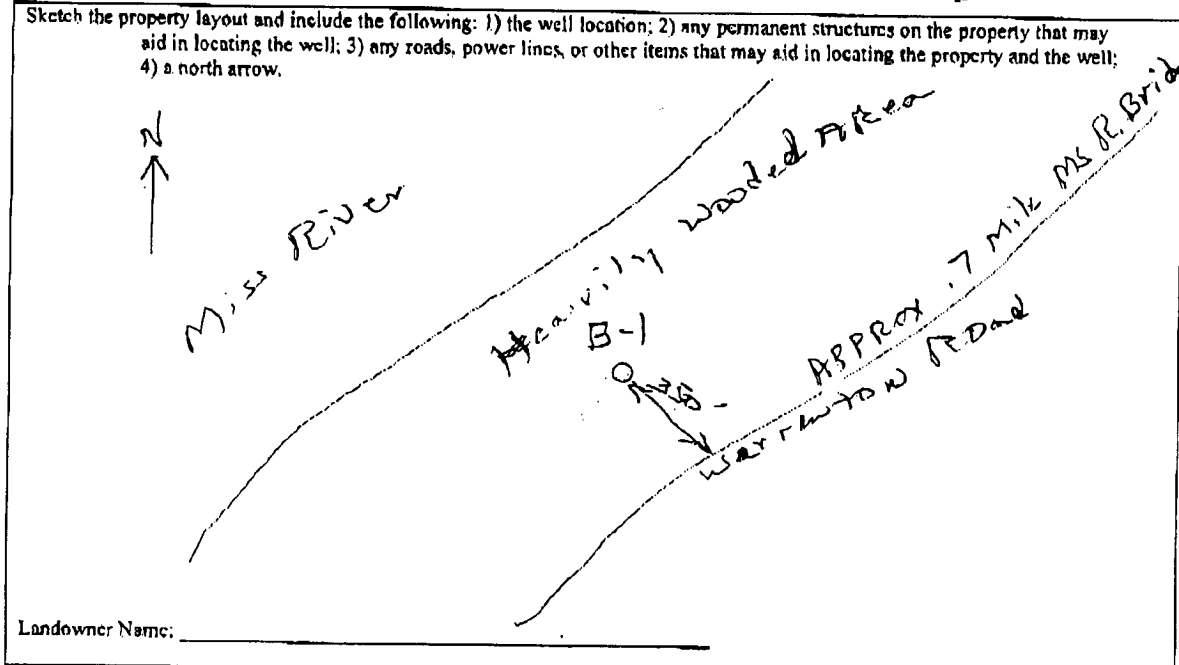


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Tan Silty ML	Ground Level	3.5
Tan Clay CH	3.5	7.0
Tan Silty ML (Loess)	7.0	22.0
GRY BR Silty ML (Preloess)	32.0	52.5
LGR Clay Silty ML (Preloess)	52.5	56.0
Tan Clay CH (Preloess)	56.0	62.5
T Clay Silty ML (Preloess)	62.5	64.5
Tan Clay CH (Preloess)	64.5	69.0
LGR Clay CH	69.0	70.5
Limestone	70.5	72.5
MARL	72.5	75.0
Limestone	75.0	77.5
MARL	77.5	84.0
Limestone	84.0	87.5
MARL	87.5	90.0
Limestone	90.0	92.0
MARL	92.0	94.0
Limestone	94.0	96.0
MARL	96.0	97.0
Limestone	97.0	100.0
MARL	100.0	102.0
Limestone	102.0	110.0
MARL	110.0	114.0
GRY Clay CH (Mist Springs)	114.0	147.5
DR Silty Fine Sand (Forest Hill)	147.5	160.0

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.

LARRY A. Cooley 0517
Print Name of Responsible Licensee and License No.

4-17-08
Date

Larry A. Cooley
Signature of Licensee

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