

Filed 5-6-09

County: Washington
 Permit #: GW43199
 Driller: Charles M. Nichols
 Date drilling completed: 3-30-09

State Well Report
Part I - 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 #: Q-124
 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>GANIER PLTA. Co.</u> | Latitude: <u>33° 06.539' N</u> Longitude: <u>090° 52.775' W</u> |
| Mailing Address: <u>160 GANIER Rd.</u> | Method of Lat/Long (circle one): <u>32</u> Conventional Survey, <u>99</u> |
| <u>Hollandale Ms 38748</u> | USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS |
| City State Zip Code | <u>Nor. Nor</u> 1/4 Sec <u>36</u> Twn <u>15N</u> Rng <u>7W</u> |
| Telephone No. () _____ | Distance Direction Nearest Town <u>4 1/2</u> Miles <u>South</u> of <u>Hollandale</u> |

Well / Borehole Data

Date drilling started: 3-30-09 Date drilling completed: 3-30-09 Hole depth: 113 Hole diameter: 20

Location of the source of any surface water used for drilling: Deer Creek
 Method of dosing and volume of Chlorine used in drilling and development: HTH

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) _____

Static Water Level: 23 feet above or below (circle one) land surface Date measured: 3-31-09

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

Well depth: 113 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite MIX

Casing length: 73 feet Casing diameter: 10 inches Type of casing: pvc

Screen length: 40 feet Screen diameter: 10 inches Type of screen: pvc

Screen slot size: 1032 inches Setting depth: From 73 feet to 113 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*

Form: OLWR-SWR-1A

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02043179

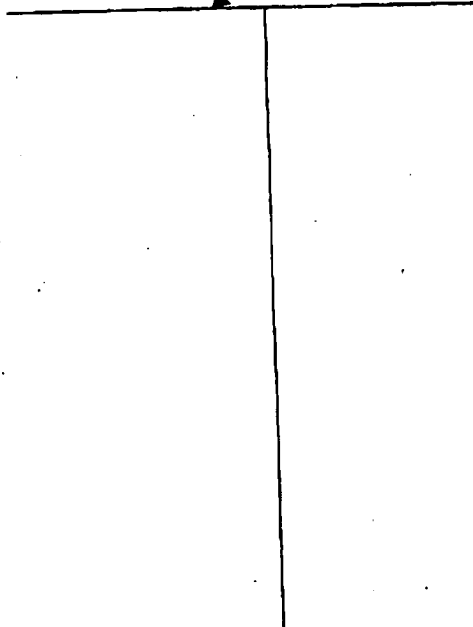
Φ-124

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

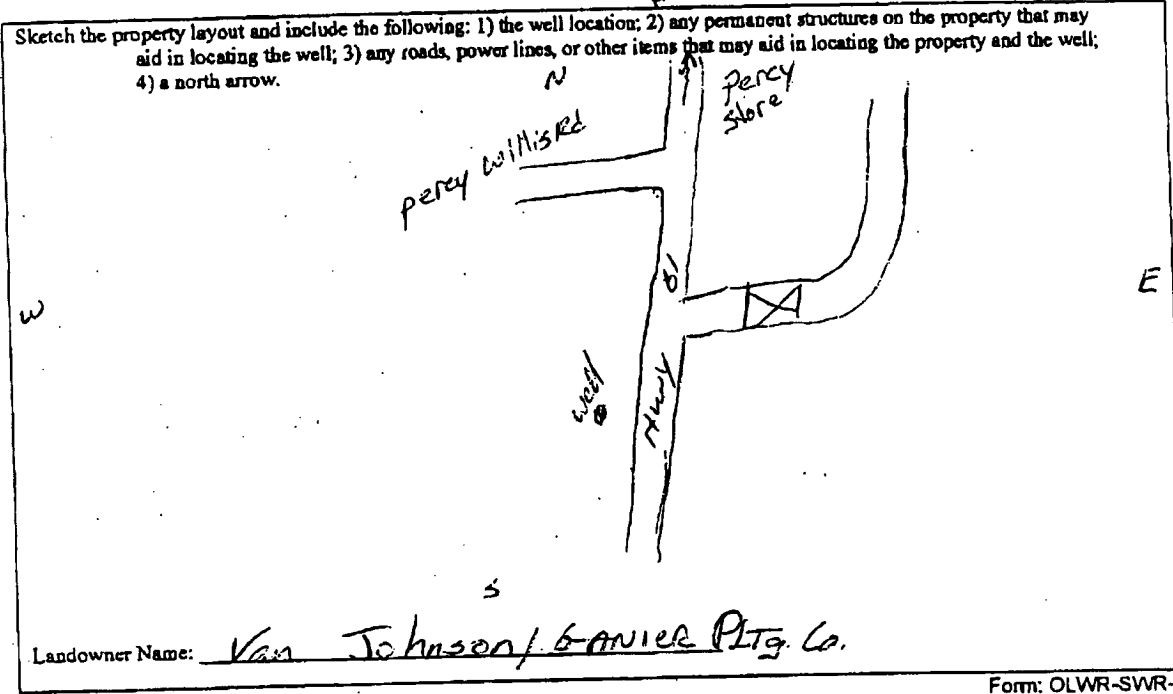
If well telescopes, show depths on sketch

Ground Level — R



| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| Clay | Ground Level | 29 |
| med to fine sand | 29 | 50 |
| med to coarse sand | 50 | 60 |
| Coarse sand + p-gravel | 60 | 90 |
| p-gravel | 90 | 113 |
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If more than one screen, show location of each on sketch



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.

Print Name of Responsible Licensee and License No. Charles M. Nichols 4-6-09

Signature of Licensee Charles M. Nichols RECEIVED

MAY 11 2009 BY: CLM/P

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: Washington
 Permit #: 601043179
 Driller: Charles M. Nichols
 Date completed: 3-31-09
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: Q-124
 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>GARNER PLTY. Co.</u> | Latitude: <u>33° 06.53'N</u> Longitude: <u>090° 52.75'W</u> |
| Mailing Address: <u>160 GARNER RD.</u> | Method of Lat/Long (check one): Conventional Survey _____ |
| <u>Hollandale Ms 38748</u> | USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ |
| City State Zip Code | _____ 1/4 _____ 1/4 Sec _____ T _____ R _____ |
| Telephone No. () _____ | Distance Direction Nearest Town |
| | <u>1 1/2 Miles South of Hollandale</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift Jet <input type="checkbox"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/> | <u>Electric Motor</u> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> |
| Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>30</u> |
| Date Pump Installed: <u>3-31-09</u> | Setting Depth: <u>70</u> feet |
| Rated Pump Capacity: <u>1400</u> Gallons Per Minute | Number of Stages: <u>1</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): <u>23</u> 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.

Charles M. Nichols 0-0667 Charles M. Nichols
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form DEWR-37A-3B

MAY 11 2009

BY: OLWF