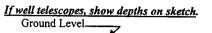
GENE STOCK - IVEY				
County: WASHINGTON Permit #: <u>60 - 45668</u> Detter TNEX/2005 0:773 Mississippi Departmen Office of Land a P.O.	State Well Report Part 1 – Driller's Log Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225			
Date drilling completed: 2.28.12 (601)	961- 5210 1- 5228 (fax)	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.				
Department at the above duaress within 50 days of comp Information on Well Owner (Landowner if borehole is not for a water well) Owner Name Parkison, Amy and Margarite Crews Mailing Address: 707 South Main Street	Well or Bo Latitude: 33 . 10 . 40 Method of Lat/Long (circle or USGS quad, Hand-held	The preventional Survey, GPS, Survey-grade GPS		
<u>Greenville M5 3870</u> City State Zip Code	$\frac{NW}{SW} \frac{1}{NW} \frac{1}{4} \operatorname{Sec}_{0} \frac{9}{4}$ Distance Direction $\underline{1.5}$ Miles	Twn_15 N Rng 06 W of_HOUAN PALE		
Well / Bore	· · ·			
Date drilling started: 2.28.12 Date drilling completed: 2.28.12 Hole depth: Hole diameter: 21 <sup>4</sup> Location of the source of any surface water used for drilling: CREEK Method of dosing and volume of Chlorine used in drilling and development: CHLORINE TABLETS Logs run (circle all applicable): To 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 SurveyOther (describe) Purpose of Well (check one): Home IndustrialPublic 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:				
Top of lap pipe or reduction in casing:feet. If telescoped or more than one screen, describe on next page				
Form: OLWR-SWR-1A (04/08)				

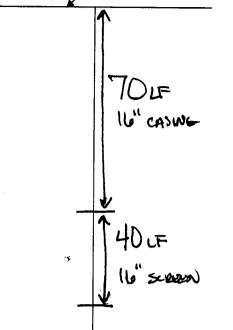
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## RECEIVED

APR 0 5 2012 BY: OLWR P185

The sketch below only required for water wells





Description of Formations Encountered		To (depth)
TOP SOIL	Ground Level	10
CLAY	10	30
FINE SAND	20	40
Med Sand	40	60
MED. COGNESTE SAND	60	78
COARSE PERBLE STRIPS	78	110.
Bottom	110	112
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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 n	orth arrow.	
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Landoumon Ma		
Landowner Name:		

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. 2-28-2012 JOHN NEWCOME 0.773

Print Name of Responsible Licensee and License No.

9 Signature of Licensee

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

County: Washington Permit Gw-45668 Driller: <u>J, Newcome</u> 0773 Date completed: <u>2/28/12</u> Prime Installer? Mississippi Department Office of Land a P.O. Jackson (601)	t the above address within 30 days of well completion. Well Location	
Pump Type Circle one         Air Lift       Jet       Submersible         Bucket       Piston       Turbine         Centrifugal       Rotary       Flowing Well         Other (specify):	Power Type Circle one         Diesel Engine       Gasoline Engine       Natural Gas         Electric Motor       Hand       Tractor PTO         Windmill       Other (specify):	
Gallons Per Minute         Pump Test Data         Date Well Tested:	Number of Stages:	
Duration of Pump Test (minimum 4 hours):		

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