

Permit #: WASHINGTON
601-40-3512
 Driller: 0-773
 Date drilling completed: 10/22/05

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)

Aquifer: _____
 Well #: 5-146
 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>MISSISSIPPI MUD, INC.</u>	Latitude: <u>33.04.338</u> Longitude: <u>091.01.368</u>
Mailing Address: <u>6 ELECTRA CIRCLE</u>	Method of Lat/Long (circle one): <u>20</u> Conventional Survey, <u>22</u>
<u>THE WOODLANDS, TX 77382</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>SE</u> 1/4 <u>SW</u> 1/4 Sec <u>3</u> Twn <u>14N</u> Rng <u>8W</u>
Telephone No. <u>662 839-5372</u>	Distance Direction Nearest Town
	<u>1.2</u> Miles <u>N</u> of <u>MARATHON</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 10-22-05 Date well drilling completed: 10-22-05

If flowing, 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: _____

Hole depth: 108' Well depth: 105' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 35 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 70 feet to 105 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 log(s): _____

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.

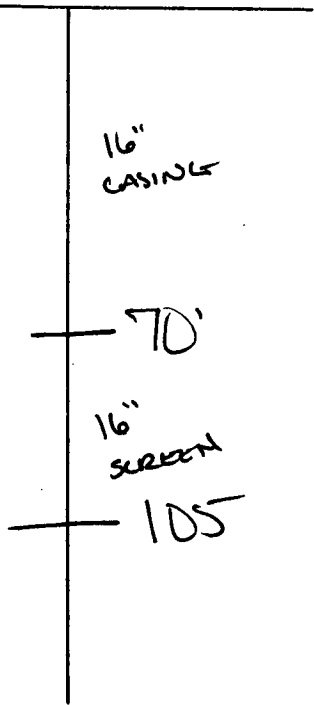
JOHN NEWCOME 0-773 _____
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

5-146

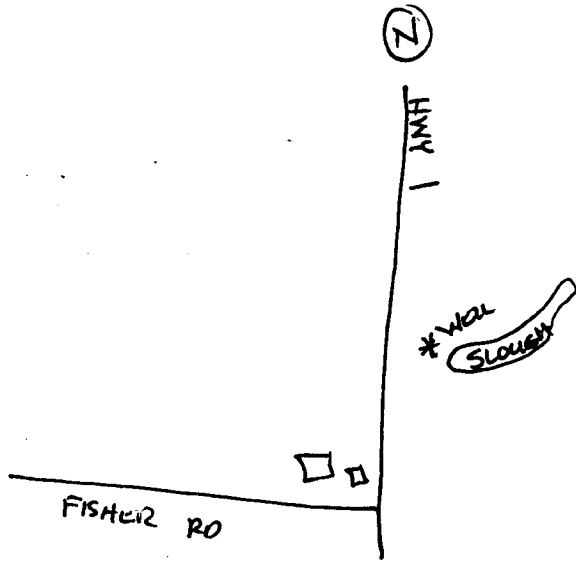
Ground Level



Description of Formations Encountered	From	To
TOP SOIL	0	10
MIX CLAY	10	40
FINE SAND	40	70
MED. COARSE SAND	70	95
COARSE SAND	95	105
GRAY CLAY	105	108

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) indicate direction.



Landowner Name: MISSISSIPPI MUD INC

John Newcome
Signature of Water Well Contractor

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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:

Aquifer:

Well #: 5-146

Elevation:

County: WASHINGTON
Permit #: GCO 40396
Driller: 0-773
Date completed: 10/22/05

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: Owner Name: MISSISSIPPI MUD, Inc. Mailing Address: 6 ELECTRA CIRCLE THE WOODLAND, TX. 77382 Telephone No. 662-839-5372
Well Location: Latitude: 33-04-338 Longitude: 091-01-368 Method of Lat/Long (circle one): Conventional Survey, Hand-held GPS, Survey-grade GPS USGS quad, SE 1/4 SW 1/4 Sec 3 Twn 14N Rng 8W Distance 1.2 Miles Direction N of Nearest Town MARATHON

Pump Type: Jet, Submersible, Turbine
Power Type: Diesel Engine, Gasoline Engine, Natural Gas, Electric Motor, Hand, Tractor PTO, Windmill, Other (specify):
Horse Power Rating of Motor: 60
Setting Depth: 60 feet
Number of Stages: 1

Pump Test Data: Date Well Tested: NOT TESTED
Static Water Level (A): NOT TESTED Feet Below Land Surface
Pumping Water Level (B): NOT TESTED Feet Below Land Surface
Drawdown [(B) - (A)]: NOT TESTED Feet Below Land Surface
Test Pumping Rate: NOT TESTED Gallons Per Minute
Duration of Pump Test (minimum 4 hours): NOT TESTED hours
Method of Measuring Water Level: Circle one Air Line, Electric Measuring Line, Steel Tape
Other (specify): NOT TESTED
For flowing well, measured shut in head: NOT TESTED feet
Well yielded NOT TESTED GPM with a drawdown of NOT TESTED feet after NOT TESTED hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
CLEW ROWE #710-P
Print Name of Pump Installer and License No. (if applicable)
Signature of Pump Installer

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