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A-1 DRILLING SERVICE

PAGE 01

State Well Report

Part I

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 #: F-110
 L. S. Elevation: _____
 E-log #: _____

County: WAYNE
 Permit #: NA
 Driller: A-1 DRILLING SER
 Date drilling completed: 12-11-06

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>BECK FARMS</u>	Latitude: <u>31° 43' 59"</u> Longitude: <u>88° 52' 47"</u>
Mailing Address: <u>326 VAN HOOVER RD WEST</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>LAUREL MS</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SW 1/4 SW 1/4 Sec 23 Twn 9N Rng 9W</u>
Telephone No. <u>(601) 735-0619</u>	Distance Direction Nearest Town
	<u>1.7 Miles E of LAUREL, MS</u>

Well Data

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

Date well drilling started: 11-28-06 Date well drilling completed: 12-11-06

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

Static Water Level: 68 feet above or below (circle one) land surface Date measured: 12-11-06

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

Hole depth: 160 Well depth: 131 Well grouted to a depth of 52 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 112 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: 1.006 inches Setting depth: From 111 feet to 131 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: NA 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): NA

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.

WILBOE T. BURGHEMAN 0410 Wilboe T. Burgheman
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

04/25/1997 00:36 6014281435

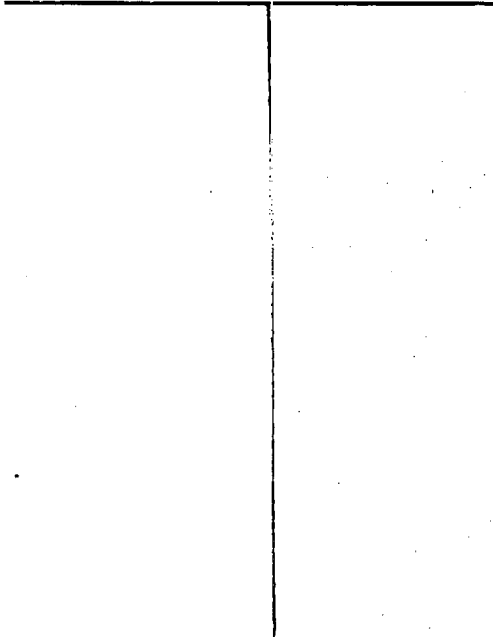
A-1 DRILLING SERVICE

PAGE 03

F 110

If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
Clay, tan	0	12
Clay, light gray	12	88
Clay, sand w/ sand streaks	88	95
Clay, gray	95	110
Sand	110	137
Clay	137	138
Sand	138	141
Clay	141	144
Sand	144	149
Clay	149	149
Clay, sandy w/ sand streaks	149	156
Clay	156	160

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: MR. & MS LEON BECK

Albert T. [Signature]
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)

County: WAYNE
 Permit #: NA
 Driller: A-1 DRILLING SER
 Date completed: 12-11-06

For Office Use Only:
 Aquifer: _____
 Well #: F-110
 Elevation: _____

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>BECK FARMS</u>	Latitude: <u>31 43 599</u> Longitude: <u>88 52 476</u>
Mailing Address: <u>326 VAN HOOVER WEST RD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>LAUREL MS 39443</u> City State Zip Code	<u>SW 1/4 SW 1/4 Sec 23 Twn 9N Rng 9W</u>
Telephone No. <u>(601) 735-0619</u>	Distance Direction Nearest Town <u>17 Miles E of LAUREL, MS</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>5</u>
Date Pump Installed: <u>12-6-06</u>	Setting Depth: <u>101</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: <u>NA</u> feet
Drawdown ((B) - (A)): _____ Feet Below Land Surface	Well yielded <u>NA</u> 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.
WILBUR T. BAUGHMAN 0410
 Print Name of Pump Installer and License No. (if applicable) [Signature]
 Signature of Pump Installer