|                                       | Chata M                                                                                                  | Vell Report                                |                                       |  |
|---------------------------------------|----------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------|--|
| 202                                   |                                                                                                          | Part 1                                     | For Office Use Only:                  |  |
|                                       | County Navne                                                                                             | Vaunte Department of Environmental Quality |                                       |  |
|                                       | Cffice of Land                                                                                           | and Water Kestillices                      | Well #: 0 - 42                        |  |
|                                       | P(O)                                                                                                     | Box 10631<br>MS 39289-0631                 | L. S. Elevation:                      |  |
|                                       | 7-1-05 (601                                                                                              | )961-5210                                  |                                       |  |
|                                       | Date Willing completed: 7-5-05 (601)                                                                     | 54-6938 (fax)                              | E-log #:                              |  |
| ***                                   | Land the second of the second                                                                            | was in detail and filed w                  | ith the Department within             |  |
|                                       | State Law requires that this report be prepared by the                                                   | e driller in actali and thea.              |                                       |  |
|                                       | 30 days of completion of drilling of the well.  Well Owner Information                                   | Wel                                        | 1 Location                            |  |
|                                       |                                                                                                          | 1:3:                                       | _" Longitude:""                       |  |
| 3                                     | Owner Name Frimal Energy                                                                                 | 1                                          | · · · · · · · · · · · · · · · · · · · |  |
|                                       | Mailing Address: 211 Highland Cones swite 22                                                             | Method of Lat/Long (circle o               | ne): Conventional Survey.             |  |
|                                       |                                                                                                          | USGS auad, Hand-hele                       | d GPS. Survey-grade GPS               |  |
|                                       | Houston, TX                                                                                              | 24                                         |                                       |  |
|                                       |                                                                                                          | ¼ ¼ Sec ¼                                  | I wn 777 Rng 100                      |  |
| 1                                     | City State Zip Code                                                                                      | Distance Direction                         | Nearest Town                          |  |
|                                       | Telephone No. ()                                                                                         | Distance Direction  5 Miles                | of Strength Pard                      |  |
|                                       | 14 · · · · · · · · · · · · · · · · · · ·                                                                 |                                            |                                       |  |
| * K                                   |                                                                                                          | 1 Data                                     |                                       |  |
| 1                                     | Fundse of Well (circle one) Home Industrial Public Supply                                                | Irrigation Fish Culture                    | Other: rig supply                     |  |
|                                       | Date well drilling started: 7-5-05                                                                       | e well drilling completed:                 | -5-05                                 |  |
| 可激                                    | Other                                                                                                    |                                            |                                       |  |
| 1                                     |                                                                                                          | (describe)                                 | 17 /                                  |  |
|                                       | Static Water, Level:feet above or below (circle one                                                      | e) land surface Date measured              | 1-3-03                                |  |
| 日齡                                    |                                                                                                          |                                            |                                       |  |
|                                       | Method of Measurement (circle one) steel tape electric ta                                                |                                            | '                                     |  |
| 100                                   | Hole depth: 120 Well depth: 120                                                                          | Well grouted to a depth of                 | fcet                                  |  |
|                                       | Type of grout (circle one): Cement Bentonite M                                                           | ix                                         |                                       |  |
|                                       | all 1) he of great (enter one),                                                                          | Time of casing:                            | PIC                                   |  |
|                                       | Casing length 100 feet Casing diameter:                                                                  |                                            |                                       |  |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Screen length 20 feet Screen diameter: 4                                                                 | inches Type of screen:                     | 110 31017Ed                           |  |
| No.                                   |                                                                                                          | 100feet to                                 | 120 fcei                              |  |
| - 1                                   | Screen slot size:                                                                                        | -                                          |                                       |  |
|                                       | Type of completion (circle all applicable): Gravel packed Uni                                            | derreamed Telescoped Ope                   | en hole Watural Development           |  |
| * **<br>- €                           | Other (describe)                                                                                         |                                            |                                       |  |
| Ž.                                    |                                                                                                          |                                            | describe on back of page!             |  |
|                                       | Top of lap pipe or reduction in easing:feet. I                                                           | f telescoped or more than one's            | creen, describe on back of page       |  |
| 3                                     | Logs run (circle all applicable) No log run Electric Gamma R                                             | tay Density Sonic Neutron                  | Other:                                |  |
|                                       |                                                                                                          |                                            |                                       |  |
|                                       | Name of organization running log(s):  I certify that the well was drilled, constructed, and completed in | in accordance with all applicab            | le requirements of the Mississippi    |  |
|                                       | Department of Environmental Quality and/or the Mississippi I                                             | Department of Health regulation            | ns and state laws.                    |  |
|                                       | Department of Environmental Quality and/or the (1133) Supply (                                           | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\     | Serving Control of the Control        |  |
| 1 1                                   | John W. Thompson 0-0679                                                                                  | John 1                                     | J. Sharpson                           |  |
|                                       | Print Name of Water Well Contractor and License No.                                                      |                                            | of Water Well Contractor              |  |
|                                       | SERUNT Name of Water Well Conductor and Dicense 110.                                                     |                                            | HECEWED                               |  |
| 31.2                                  |                                                                                                          | and the second second                      |                                       |  |
| 計劃                                    |                                                                                                          | •                                          | JUL 14 300F                           |  |

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| <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                       |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>C</b>                                         | ~.                                               |
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| Ground Level                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1                                     |             | Description of Formations Encountered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | From                                             | To                                               |
| gand an art (para t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | T.                                    | <del></del> | sand / mill                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 10                                               | 20                                               |
| C <b>ertif</b> e sharthar a globace in is<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                       |             | 0.100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 20                                               | 70                                               |
| N4.00 to 12.00 to 12.00 His 12.00 to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |             | sand +/alay layers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 70                                               | 90                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1_                                    |             | coarse sand /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 90                                               | 130                                              |
| mage in the second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | · · · · · · · · · · · · · · · · · · · |             | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <del> </del>                                     | <del>                                     </del> |
| Topic Cast material addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       | ,           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \            |                                                  |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |             | Commence of the commence of th |                                                  |                                                  |
| Programme Control                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | , , , , , , , , , , , , , , , , , , , | <b>~</b>    | The state of the s | <b>—</b>                                         |                                                  |
| <b>្ត</b> ែងដោយ ស្រង                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del> </del>                                     | <del>                                     </del> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                                                  |
| Sure Julian Angle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                                                  |
| Committee the state of the stat |                                       |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                                                  |
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| Maria Maria de Caractería de C |                                       |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                                                  |
| нг<br>Надачения                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ,                                     |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                                                  |
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| Mersen Marie Share Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del>                                     </del> |                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                     |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | لـــــــــــــــــــــــــــــــــــــ           |                                                  |
| If more than one screen, sho                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | w location of each                    | on sketch   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  | •                                                |
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Sketch the property layout and include the following:(1) the well location: 2) any permanent structures on the property that may be a similar locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well;

4) indicate direction.

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August 1900 of the straight

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Signature of Water Well Contractor

## STATE WELL REPORT Part 2 For Office Use Only: Pump Installer's Completion Report Mississippi Department of Environmental Quality Aquifer: Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax) 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:

Mailing Address: 21

City

State

Zip Code

|                     |                        |                    |                   | of <u>3/164</u>       |             |
|---------------------|------------------------|--------------------|-------------------|-----------------------|-------------|
| •                   | Pump Typ<br>Circle one | e                  | 1                 | Power Type Circle one | •           |
| Air Lift Bucket     | Jet<br>,               | Submersible        | Diesel Engine     | Gasoline Engine       | Natural Ga  |
| •                   | Piston                 | Turbine            | Electric Motor    | Hand                  | Tractor PTO |
| Centrifugit!        | Rotary                 | Flowing Well       | Windmill          | Other (specify):      |             |
| Other (specify):    |                        | <del></del>        | Horse Power Rati  |                       | -           |
| Onte Pump Installed | 1: <u>7-7-</u> 6       | 25                 |                   | 10                    |             |
| Rated Pump Capacit  | _                      | -                  | Setting Depth:    |                       | fcc1        |
|                     | ·y                     | Gallons Per Minute | Number of Stages: |                       |             |

Distance

| Date Well Tested: 7-7-05                                                                        | Method of Measuring Water Level Circle one                            |
|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Static Water Level (A):Feet Below Land Surface  Sumping Water Level (B):Feet Below Land Surface | Air Line Electric Measuring Line Steel Tape Other (specify):          |
| rawdown [(B) - (A)]: 20 Feet Below Land Surface est Pumping Rate: 100 Gallons Per Minute        | For flowing well, measured shut in head                               |
| uration of Pump Test (minimum 4 hours):hours                                                    | Well yielded 100 GPM with a drawdown of Coct after 4 hours of pumping |

| .\ |                                                                                  | nours of pumping                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| į  | I HEREBY CERTIFY that the about                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    | AT HEREBY CERTIFY that the above statements are true to the best of my knowledge |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 4  | Print Name of Pump Installer and Incense No. (if applicable)  Signature of       | - Williams                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Ì  | Signature o                                                                      | Pump Installer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Ì  |                                                                                  | A Company of the Comp |

BY OLWH

Longitude:

USGS quad, Hand-held GPS, Survey-grade GPS

1/4 Sec 26 Twn 7N Rng 92/

Nenrest Town

Method of Lat/Long (circle one); Conventional Survey,:

Direction

2