[redacted]

County: Bolivar
Permit #:
Driller: Frost
Date drilling completed: 7/18/07

State Well Report
Part 1 – Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (Fax)

For Office Use Only:
Aquifer:
Well #: E-102
L. S. Elevation:
E-log #:

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner
(Landowner if borehole is not for a water well)

Owner Name: Jeff King
Mailing Address: 164-12 Hwy 72
Michigan, MS 38647
City State Zip Code
Telephone No. ( )

Well or Borehole Location

Latitude: ° ' " Longitude: ° ' "
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
¼ ¼ Sec. 01 Twp. 2S Rng. 01E
Distance 3 Miles Direction east of Nearest Town Hwy - 5

Well / Borehole Data

Date drilling started: 7/18/07 Date drilling completed: 7/18/07 Hole depth: 58 Hole diameter: 4"
Location of the source of any surface water used for drilling: None
Method of dosing and volume of Chlorine used in drilling and development: None
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:
Name of organization running log(s):
Purpose of borehole (check one): Water Well ✓ Geotechnical/Geological Investigation ___ Ground Source Heat Pump ___
Seismic Survey ___ Other (describe)
If drilling is not related to water well construction, skip the remainder of this block
Purpose of Well (check one): Home ✓ Industrial ___ Public Supply ___ Irrigation ___ Fish Culture ___ Other:
If a flowing well, method of flow regulation: Valve ___ Other (describe)
Static Water Level: 26 feet above or below (circle one) land surface Date measured: 7/21/07
Method of Measurement (circle one) steel tape electric tape air line other:
Well depth: 58 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 48 feet Casing diameter: 4" inches Type of casing: PVC
Screen length: 10 feet Screen diameter: 4" inches Type of screen: PVC
Screen slot size: 013 inches Seeing depth: From 48 feet to 58 feet
Type of completion (circle all applicable): Gravel Packed Undercutting Telescoped Open hole Natural Development
Other (describe):
Top of lap pipe or reduction in casing: ___ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

RECEIVED
JUL 27 2007
BY: OLWR

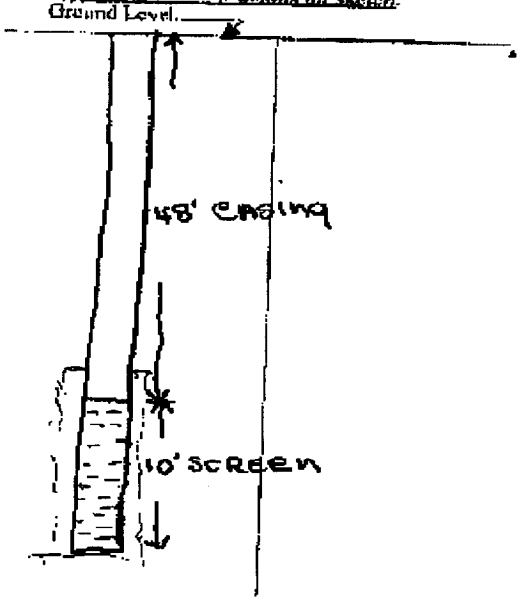
MAR-29-05 07:53 FROM-LAND & WATER 601-354-0938 T-097 P.02 F-155

[redacted]

E-102

The sketch below only required for water wells.

If well abandoned, show details on sketch.



If more than one screen, show location of each on sketch

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

Description of Formations Encountered	From (depth) Ground Level	To (depth)
Clay	0	4
Red Sand	4	23
Sand	23	58

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.

Landowner Name: _____

Form: OLWR-SWR-1A

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Bernard Frost 0917

Print Name of Responsible Licensee and License No. Date

Signature of Licensee

RECEIVED

JUL 27 2007

BY: OLWR

[redacted]

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

County: Benton
Permit #:
Driller: [signature]
Date completed: 7/21/07
Copy information from block on Part 1

For Office Use Only:
Aquifer:
Well #: E-102
Elevation:

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information
Owner Name: Jeff Long
Mailing Address: 16412 Hwy 72
Michigan City MS 38647
City State Zip Code
Telephone No. ( )

Well Location
Latitude: Longitude:
Method of Lat/Long (check one): Conventional Survey ___
USGS quad ___, Hand-held GPS ___, Survey-grade GPS ___
___ ¼ ___ ¼ Sec 5 T 2S R 2E
Distance 3 Miles Direction East Nearest Town Hwy 5

Pump Type
Circle one

Air Lift	Jet	Submersible
Bucket	Piston	Turbine
Centrifugal	Rotary	Flowing Well

Other (specify):
Date Pump Installed: 7/21/07
Rated Pump Capacity: 12 Gallons Per Minute

Power Type
Circle one

Diesel Engine	Gasoline Engine	Natural Gas
Electric Motor	Hand	Tractor PTO
Windmill	Other (specify):	

Horse Power Rating of Motor: 3/4
Setting Depth: 48 feet
Number of Stages: 12

Pump Test Data
Date Well Tested: 7/21/07
Static Water Level (A): 26 Feet Below Land Surface
Pumping Water Level (B): ___ Feet Below Land Surface
Drawdown [(B) – (A)]: ___ Feet Below Land Surface
Test Pumping Rate: ___ Gallons Per Minute
Duration of Pump Test (minimum 4 hours): ___ hours

Method of Measuring Water Level
Circle one

Air Line	Electric Measuring Line	Steel Tape

Other (specify): PVC Pipe
For flowing well, measured shut in head: ___ feet
Well yielded 12 GPM with a drawdown of ___ feet after ___ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Bernard Frost D-217
Print Name of Pump Installer and License No. (if applicable)
[signature]
Signature of Pump Installer

Form: OLWR-SWR-10

RECEIVED
JUL 27 2007
BY: OLWR