

County: DeSOTO
 Permit #: _____
 Driller: F HANFORD
 Date drilling completed: 5-2-07

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 #: M-229
 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.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name <u>DUANNE MENDERSON</u> Mailing Address: <u>8164 STEVEN WERRY RD</u> <u>LOT # 16</u> <u>COLDWATER MS</u> City State Zip Code Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: _____° _____' _____" Longitude: _____° _____' _____" Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>28</u> Twn <u>35</u> Rng <u>6W</u> Distance Direction Nearest Town <u>3</u> Miles <u>W</u> of <u>COCKRUM</u></p>
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Well / Borehole Data

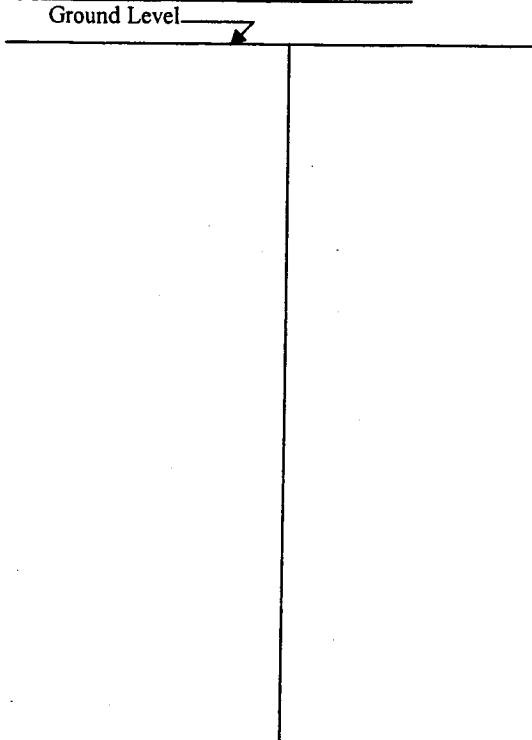
Date drilling started: 5-1-07 Date drilling completed: 5-2-07 Hole depth: 150 Hole diameter: 6 3/8"
 Location of the source of any surface water used for drilling: Well
 Method of dosing and volume of Chlorine used in drilling and development: 2 GAL CLOROX
 Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____
 (Attach copy of log to this report) _____
 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 NONE Other (describe) _____
 Static Water Level: 20 feet above or below (circle one) land surface Date measured: 5-2-07
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 150 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 20 feet Casing diameter: 4 inches Type of casing: PVC
 Screen length: 10 feet Screen diameter: 4 inches Type of screen: SLOTTED PVC
 Screen slot size: .013 inches Setting depth: From 140 feet to 150 feet
 Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____
 Top of lap pipe or reduction in casing: NONE feet. *If telescoped or more than one screen, describe on next page*

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M-229

The sketch below only required for water wells

If well telescopes, show depths on sketch.

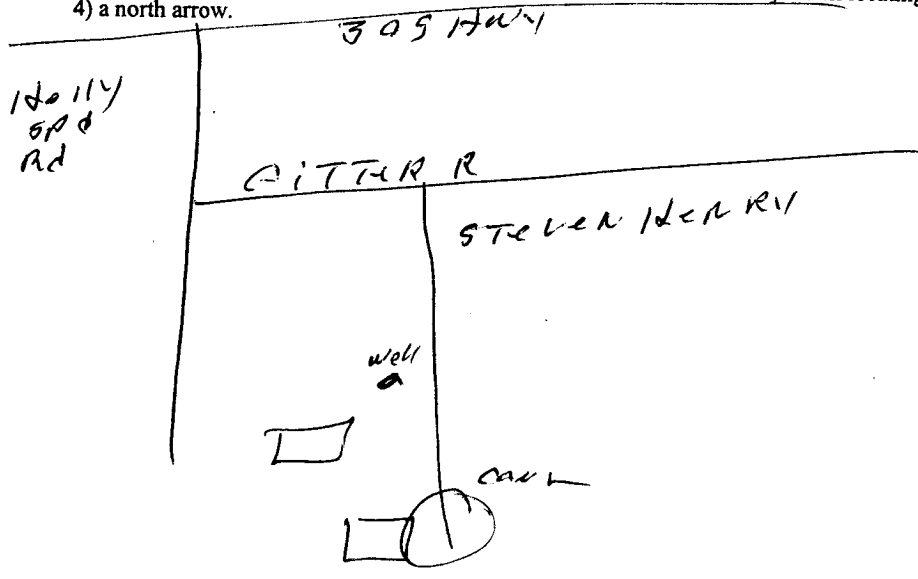


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
DIRT	0	5
SAND	5	40
w/ clay/men		
w/ sand	40	100
w/ SAND	100	150

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

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



Landowner Name: DERRICK ANDERSON

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.

Print Name of Responsible Licensee and License No. FRANK LANGFORD

Date 5-12-07

Signature of Licensee Frank Langford

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STATE WELL REPORT

Part 2

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

County: DeSoto
 Permit #: _____
 Driller: FRANK LANGFORD
 Date completed: 5-2-07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: M-229
 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	Well Location
Owner Name: <u>DORR HENDERSON</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>LOT #16</u> <u>8164 STEVEN HENRY RD</u>	Method of Lat/Long (check one): <u>Conventional Survey</u>
<u>HEACOCK WATER MS</u> City State Zip Code	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
Telephone No. () _____	_____ 1/4 _____ 1/4 Sec <u>28</u> T <u>3</u> R <u>6</u>
	Distance Direction Nearest Town <u>3</u> Miles <u>W</u> of <u>COCKERM</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>5-2-07</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-2-07</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>20</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>20</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface	Well yielded <u>20</u> GPM with a drawdown of
Test Pumping Rate: <u>20</u> Gallons Per Minute	_____ feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

FRANK LANGFORD 0-622
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

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