

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2307
Jackson, MS 39225
(601)961- 5210
(601)961- 5228 (fax)

County: Lauderdale
Permit #: _____
Driller: Robert Anthony
Date drilling completed: 5/29/09

For Office Use Only:
Aquifer: _____
Well #: J39
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)	Well or Borehole Location
Owner Name: <u>Dennis Ming</u>	Latitude: <u>33° 26' 06"</u> Longitude: <u>88° 38' 33"</u>
Mailing Address: <u>300 Old Mountain Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Artesia</u> <u>MS</u> <u>39701</u>	<u>SW 1/4 SE 1/4</u> Sec <u>8</u> Twn <u>18N</u> Rng <u>16E</u>
City State Zip Code	Distance Direction Nearest Town <u>2</u> Miles <u>N</u> of <u>Artesia</u>
Telephone No. <u>(662) 386-3536</u>	

Well / Borehole Data

Date drilling started: 5/19/09 Date drilling completed: 5/29/09 Hole depth: 662' Hole diameter: 5"

Location of the source of any surface water used for drilling: City water

Method of dosing and volume of Chlorine used in drilling and development: _____

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: 102 feet above or below (circle one) land surface Date measured: 5/19/09

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

Well depth: 662 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite (Mix)

Casing length: 20 feet Casing diameter: 5 inches Type of casing: PVC

Screen length: 110 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: 0.006 inches Setting depth: From 552 feet to 662 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: 300 feet. *If telescoped or more than one screen, describe on next page*

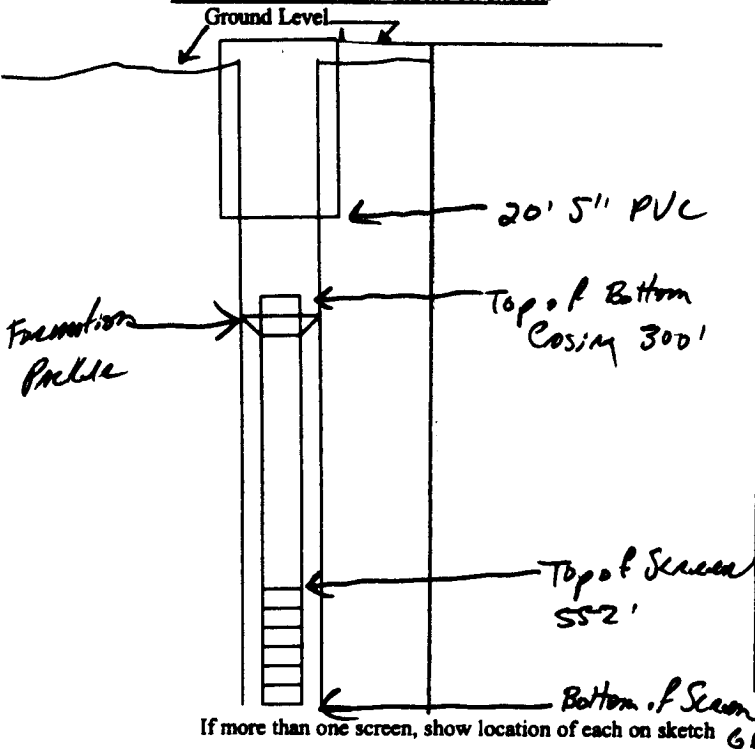
Form: OLWR-SWR-1A (04/08)

RECORDED
MAY 29 2009
BY CLIVE

The sketch below only required for water wells

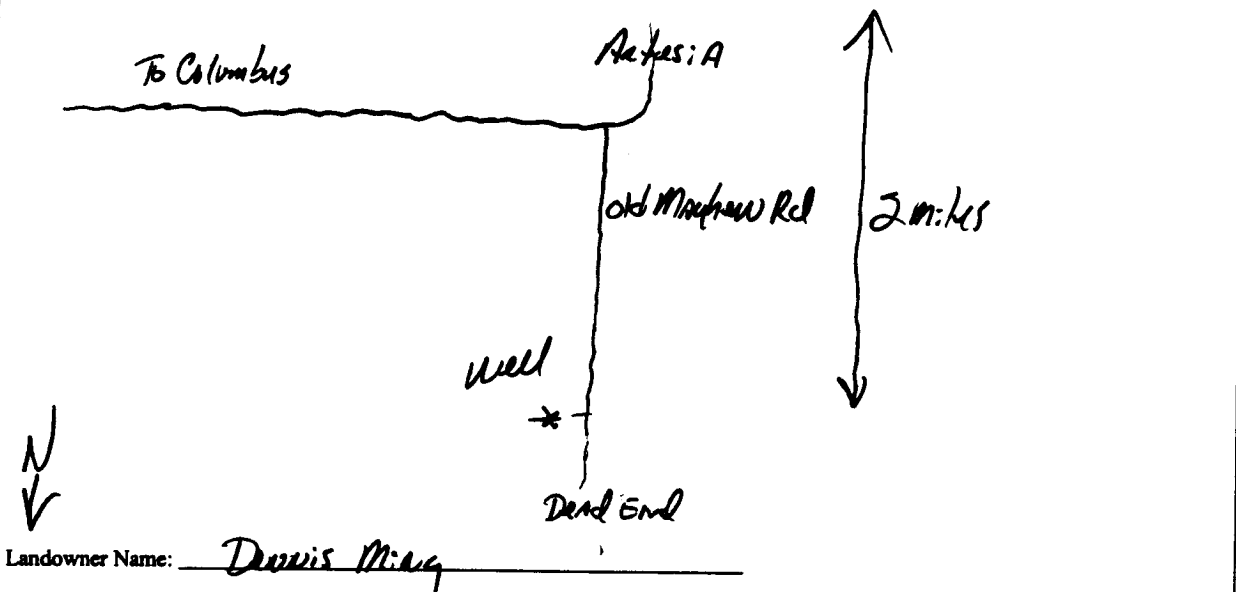
If well telescopes, show depths on sketch.

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)
Clay	Ground Level	12'
Chalk	12	35'
Good Sand	315	441
Shale	441	462
Shale	462	483
Sand/Shale	483	525
Fine Sand	525	567
Good Sand	567	651
Bad Sand / Shale	567	662

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.



Form: OLWR-SWR-1A (04/08)

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. Robert Anthony 0-284

Date 6/15/09

Signature of Licensee [Signature]

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Landes
 Permit #: _____
 Driller: Robert Anthony
 Date completed: 5/29/09
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: J39
 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>Dennis May</u>	Latitude: <u>33° 26' 06"</u> Longitude: <u>88° 38' 33"</u>
Mailing Address: <u>300 Old Maunten Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Artesia MS 39701</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 SE 1/4 Sec 8 T. 19N R. 16E</u>
Telephone No. <u>(601) 386-3536</u>	Distance Direction Nearest Town
	<u>2 Miles N of Artesia</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2</u>
Date Pump Installed: <u>5/30/09</u>	Setting Depth: <u>231</u> feet
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Number of Stages: <u>17</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5/30/09</u>	Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>102</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>158</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>56</u> Feet Below Land Surface	Well yielded <u>20</u> GPM with a drawdown of
Test Pumping Rate: <u>20</u> Gallons Per Minute	<u>56</u> feet after <u>24</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>6</u> hours	

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

Robert Anthony 0-284
 Print Name of Pump Installer and License No. (if applicable)

Robert Anthony
 Signature of Pump Installer