

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)

County: Panola
 Permit #: _____
 Driller: Ratliff
 Date drilling completed: 12-22-06

For Office Use Only:
 Aquifer: _____
 Well #: M-35
 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 align="center">Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Andrew Anderson</u> Mailing Address: <u>7080 Old Panola Rd</u> <u>Sardis MS 38666</u> City State Zip Code Telephone No. () _____</p>	<p align="center">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>5</u> Twn <u>85</u> Rng <u>7W</u> Distance Direction Nearest Town <u>2</u> Miles <u>SW</u> of <u>Sardis</u></p>
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Well / Borehole Data

Date drilling started: 12-1-06 Date drilling completed: 12-22-06 Hole depth: 1230' Hole diameter: 7 1/4"
 Location of the source of any surface water used for drilling: Customer's existing well
 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): M.S.S. Geo. Survey
 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: _____ feet above or below (circle one) land surface Date measured: 12-27-06
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 1210 Well grouted to a depth of 10 feet Type of grout (circle one) Neat Cement Bentonite Mix
 Casing length: 1190 feet Casing diameter: 4" inches Type of casing: Steel
 Screen length: 20 feet Screen diameter: 2 1/2" inches Type of screen: S. Steel
 Screen slot size: 10 inches Setting depth: From 1190 feet to 1210 feet
 Type of completion (circle all applicable): Gravel packed Undreamed Telescoped Open hole Natural Development
 Other (describe): _____
 Top of lap pipe or reduction in casing: 525 feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

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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)

For Office Use Only:

Aquifer: _____
 Well #: M-35
 Elevation: _____

County: Lauderdale
 Permit #: _____
 Driller: RATLIFF
 Date completed: 12-27-06
Copy information from block on Part 1

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>Andrew Anderson</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2080 Old Land Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Sardis MS 38666</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>1/4 1/4 Sec S T 85 R 7W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>2 Miles SW of Sardis</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5 hp</u>
Date Pump Installed: <u>12-27-06</u>	Setting Depth: <u>315</u> feet
Rated Pump Capacity: <u>50</u> Gallons Per Minute	Number of Stages: <u>15 stage</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-27-06</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): _____ Feet Below Land Surface	Well yielded <u>50</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>50</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Bob Ratliff 0-746P
 Print Name of Pump Installer and License No. (if applicable)

Bob Ratliff
 Signature of Pump Installer

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