

State Well Report

Part 1

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 #: H-81
 L. S. Elevation: _____
 E-log #: _____

County: UNION
 Permit #: _____
 Driller: R. Medlin
 Date drilling completed: 7-5-07

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

| Well Owner Information | | Well Location | |
|--------------------------------------|--|--------------------------|--------------------------------|
| Owner Name: <u>Bert Anderson</u> | Latitude: <u>N.A.</u> | Longitude: <u>N.A.</u> | |
| Mailing Address: <u>1054 Hwy 348</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS | | |
| <u>New Albany MS, 38652</u> | <u>1/4</u> | <u>1/4</u> Sec <u>16</u> | Twp <u>R37S</u> Rng <u>E3E</u> |
| City State Zip Code | Distance <u>2</u> Miles | Direction <u>S.E.</u> | Nearest Town <u>New Albany</u> |
| Telephone No. <u>662 316 0388</u> | | | |

Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 6-22-07 Date well drilling completed: 7-5-07

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 7-4-07

Method of Measurement (circle one): steel tape electric tape air line other: Nylon Cord & Weight

Hole depth: 380 Well depth: 380 Well grouted to a depth of 18 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 360 feet Casing diameter: 4" inches Type of casing: Sch 40 P.V.C

Screen length: 20 feet Screen diameter: 4" inches Type of screen: Sch 40 P.V.C

Screen slot size: 0.13 inches Setting depth: From 360 feet to 380 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: _____ feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

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

Ronnie Medlin 0-429 Ronnie Medlin
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

10-28-07
 BY [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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: H-81
 Elevation: _____

County: Union
 Permit #: _____
 Driller: R. Medlin
 Date completed: 7-5-07

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: <u>Bert Anderson</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>1054 Hwy 348</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>New Albany MS 38652</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | _____ 1/4 _____ 1/4 Sec <u>16</u> Twp. <u>13</u> Rng. <u>3E</u> |
| Telephone No: <u>662 316 0388</u> | Distance _____ Direction _____ Nearest Town <u>75 3E</u> |
| | <u>2</u> Miles <u>S.E.</u> of <u>New Albany</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>1</u> |
| Date Pump Installed: <u>7-5-07</u> | Setting Depth: <u>120</u> feet |
| Rated Pump Capacity: <u>12</u> Gallons Per Minute | Number of Stages: <u>10</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|--|
| Date Well Tested: <u>7-5-07</u> | Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u> |
| Static Water Level (A): <u>80</u> Feet <input checked="" type="radio"/> Below Land Surface | Other (specify): <u>Nylon Cord & weight</u> |
| Pumping Water Level (B): <u>120</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>4</u> Feet Below Land Surface | Well yielded <u>12</u> GPM with a drawdown of |
| Test Pumping Rate: <u>12</u> Gallons Per Minute | <u>4</u> feet after <u>6</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.

Ronnie Medlin 0,420 Ronnie Medlin
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 JUL 26 2007
 BY OLIVER