

# State Well Report

## Part 1 - Driller's Log

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: Wilkinson  
Permit #: \_\_\_\_\_  
Driller: Teme Singleton  
Date drilling completed: 11/14/09

For Office Use Only:  
Aquifer: J27  
Well #: \_\_\_\_\_  
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.

<b>Information on Well Owner</b> (Landowner if borehole is not for a water well) Owner Name: <u>Axis Onshore, LP</u> Mailing Address: <u>405 Texas St.</u> <u>ATTN: Kyle Green</u> <u>Vidalia, LA 71373</u> City State Zip Code Telephone No. <u>(318) 336-9881</u>	<b>Well or Borehole Location</b> (NAD 83) Latitude: <u>31° 10' 49.3"</u> Longitude: <u>91° 09' 06"</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 SW 1/4 Sec 31 Twn 3N Rng 1E</u> Distance Direction Nearest Town <u>8</u> Miles <u>SW</u> of <u>Crosby</u>
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**Well / Borehole Data**

Date drilling started: 11/13 Date drilling completed: 11/14 Hole depth: 283' Hole diameter: 6-3/4"

Location of the source of any surface water used for drilling: Singleton's Private Well (Folsom, LA)  
Method of dosing and volume of Chlorine used in drilling and development: 1/2 gallon bleach per 1000 gallons

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: Rig Supply

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 190' feet above or below (circle one) land surface Date measured: 11/14/09

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

Well depth: 280 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 260 feet Casing diameter: 4 inches Type of casing: pvc sch. 40

Screen length: 20 feet Screen diameter: 4 inches Type of screen: pvc sch. 40

Screen slot size: .008 inches Setting depth: From 260 feet to 280 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 next page*

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

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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 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

County: Wilkinson  
 Permit #: \_\_\_\_\_  
 Driller: Teme Singleton  
 Date completed: 11/15/09  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: J 27  
 Well #: \_\_\_\_\_  
 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>Axis Onshore, LP</u>	(N4033) Latitude: <u>31° 10' 49"</u> Longitude: <u>91° 09' 200"</u>
Mailing Address: <u>205 Texas St.</u> <u>ATTN: Kyle Greer</u> <u>Vidalia, LA 71373</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey <input checked="" type="checkbox"/> USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>NE 1/4 SW 1/4 Sec 31 T 3N R 1E</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>8 Miles SW of Crosby</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <b>Submersible</b> <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<b>Electric Motor</b> <input checked="" type="checkbox"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>11/15/09</u>	Setting Depth: <u>250</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11/15/09</u>	Air Line Electric Measuring Line <b>Steel Tape</b> <input checked="" type="checkbox"/>
Static Water Level (A): <u>190</u> Feet Below Land Surface <u>UNKNOWN</u>	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface <u>UNKNOWN</u>	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ 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): <u>24</u> hours Well Produced <u>&gt; 50 GPM so no attempt was made to measure drawdown</u>	

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

Teme F. Singleton # 0-813  
 Print Name of Pump Installer and License No. (if applicable)

[Signature]  
 Signature of Pump Installer

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

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