

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: Tome Singleton
 Date drilling completed: 9/4/09

For Office Use Only:

Aquifer: _____
 Well #: 38
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Axis Onshore, LP</u>	Latitude: <u>31° 05' 51"</u> Longitude: <u>91° 04' 48"</u>
Mailing Address: <u>405 Texas Street</u>	Method of Lat/Long (circle one): <u>Conventional Survey,</u>
<u>ATTN: Kyle Green</u>	USGS quad, <u>Hand-held GPS,</u> <u>Survey-grade GPS</u>
<u>Vidalis Ln 71373</u>	<u>NE 1/4 NE 1/4 Sec 37 Twn 2N Rng 1E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(318) 336-9881</u>	<u>1.5 Miles NW of Centerville</u>

Well / Borehole Data

Date drilling started: 9/4/09 Date drilling completed: 9/4/09 Hole depth: 206' Hole diameter: 6 3/4"

Location of the source of any surface water used for drilling: Singleton's Private well

Method of dosing and volume of Chlorine used in drilling and development: 1/2 Gallon per 1,000 gallon water

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: 96 feet above or below (circle one) land surface Date measured: 9/4/09

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

Well depth: 206 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 192 feet Casing diameter: 4 inches Type of casing: PVC Schd 40

Screen length: 14 feet Screen diameter: 4 inches Type of screen: PVC Schd 40

Screen slot size: .008 inches Setting depth: From 192 feet to 206 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): Air Lift / Natural

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: 9/4/09
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: Ø38
 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>	Latitude: <u>31°05'51"</u> Longitude: <u>91°04'48"</u>
Mailing Address: <u>405 Texas St.</u>	Method of Lat/Long (check one): Conventional Survey _____
ATTN: <u>Kyle Greer</u>	USGS quad <u>Google earth</u> Hand-held GPS _____ Survey-grade GPS _____
<u>Vidalis LA 71373</u>	<u>NE ¼ NE ¼ Sec 37 T 2N R 1E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(318) 336-9881</u>	<u>3.4</u> Miles <u>n/w</u> of <u>Centerville</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3</u>
Date Pump Installed: <u>9/4/09</u>	Setting Depth: <u>160</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9/4/09</u>	Air Line Electric Measuring Line <u>Steel Tape</u> <input checked="" type="radio"/>
Static Water Level (A): <u>96</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>120</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>24</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>55</u> Gallons Per Minute	
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.

Teme 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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