

County: Alcorn
 Permit #: _____
 Driller: Leeper Drilling
 Date drilling completed: 9-21-07

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 #: F-78
 L. S. Elevation: _____
 E-log #: _____

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.

Never received Part 2 3/2013

Well Owner Information	Well Location
Owner Name: <u>Mitchell Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Hiway 2 East</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Kossuth, MS 38834</u> City State Zip Code	<u>1/4 1/4 Sec 25 Twn 2S Rng 6E</u>
Telephone No. <u>(662) 665-1119</u>	Distance <u>2</u> Miles Direction <u>E</u> of Nearest Town <u>Kossuth</u>

Well Data

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

Date well drilling started: 9-17-07 Date well drilling completed: 9-21-07

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

Static Water Level: 75 feet above or below (circle one) land surface Date measured: 9-22-07

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

Hole depth: 30 ft Well depth: 30 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 270 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: .013 inches Setting depth: From 270 feet to 300 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): _____

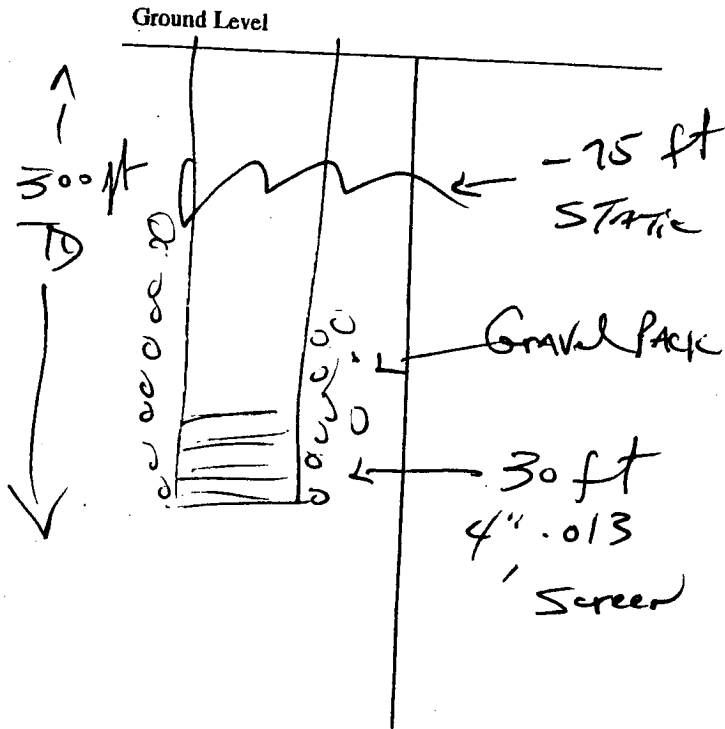
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Leeper Drilling #0079
 Print Name of Water Well Contractor and License No.

[Signature]
 Signature of Water Well Contractor

RECEIVED
 OCT 24 2007
 BY OLWB

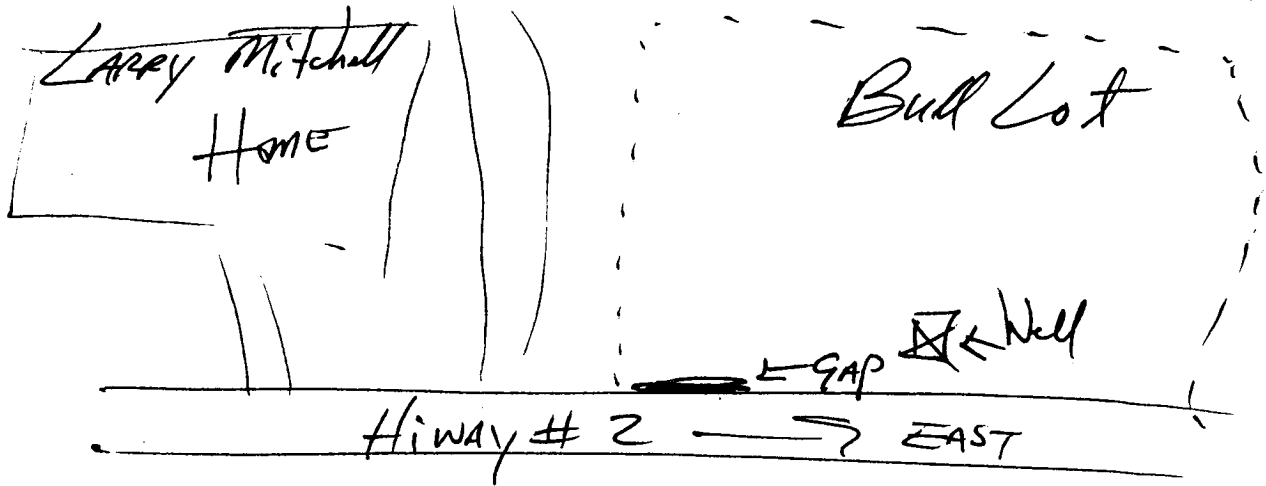
If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
Top Clay	0	20
Light Blue Clay	20	100
CHALK	100	250
Coffee Sand	250	300

If more than one screen, show location of each on sketch

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) indicate direction.



Landowner Name: Mitchell Farms

Signature of Water Well Contractor: [Handwritten Signature]

RECEIVED
NOV 19 1988
ENGINEER