

County: Alcorn
 Permit #: _____
 Driller: Leeper Drilling
 Date drilling completed: 11-15-06

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 #: G-141
 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.

Well Owner Information		Well Location	
Owner Name: <u>JAMES YANEY</u>		Latitude: _____° _____' _____" Longitude: _____° _____' _____"	
Mailing Address: <u>502 CR 572</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>Corinth MS 38834</u>		_____ 1/4 _____ 1/4 Sec <u>29</u> Twn <u>25</u> Rng <u>7E</u>	
City State Zip Code		Distance _____ Miles Direction <u>SW</u> of Nearest Town <u>CORINTH</u>	
Telephone No. <u>(662) 664-1802</u>			

Well Data

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

Date well drilling started: 11-15-06 Date well drilling completed: 11-15-06

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 11-16-06

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

Hole depth: 170 ft Well depth: 170 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 14 feet Casing diameter: 4" inches Type of casing: PRC

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

Screen slot size: .010 inches Setting depth: From 140 feet to 170 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

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 DEC 15 2006
 BY: OLWH

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)

County: Alcorn
 Permit #: _____
 Driller: Leeper Drilling
 Date completed: 11-16-06

For Office Use Only:

Aquifer: _____
 Well #: G-141
 Elevation: _____

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>James Vawter</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>502 CR 572</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>CORINTH MS</u> City / State / Zip Code	_____ 1/4 _____ 1/4 Sec <u>29</u> Twn <u>25</u> Rng <u>7E</u>
Telephone No. <u>662) 664-1802</u>	Distance _____ Direction _____ Nearest Town _____ <u>6 Miles SW of CORINTH</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3HP</u>
Date Pump Installed: <u>11-16-06</u>	Setting Depth: <u>126</u> feet
Rated Pump Capacity: <u>28</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-16-06</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>60</u> 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 _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ 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.

Leeper Drilling # 0079
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

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 DEC 15 2006
 BY: OLWF