

County: Alcorn
 Permit #: _____
 Driller: Leeper Drilling
 Date drilling completed: Aug 1, 2008

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 #: 6143
 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>MIKE WOODEN</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Steeplechase Subdivision</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>Lot # 1</u>	<u>1/4</u> <u>1/4</u> Sec <u>10</u> Twn <u>25</u> Rng <u>7E</u>
<u>CORINTH MS</u>	Distance _____ Direction _____ Nearest Town _____
City _____ State _____ Zip Code _____	<u>1</u> Miles <u>W</u> of <u>CORINTH</u>
Telephone No. <u>(662) 286-8860</u>	

Well Data

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

Date well drilling started: 8-1-08 Date well drilling completed: 8-2-08

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

Static Water Level: 30 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 180 ft Well depth: 180 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 130 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .013 inches Setting depth: From 130 feet to 180 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.

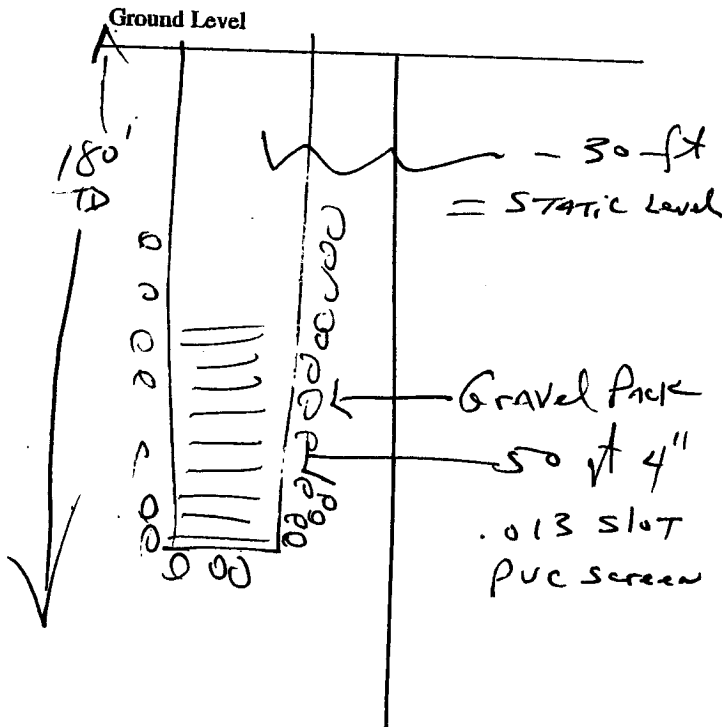
Leeper Drilling # 0079
 Print Name of Water Well Contractor and License No.

[Signature]
 Signature of Water Well Contractor

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 AUG 25 2008
 BY: OLWR

If well telescopes please sketch below and show depths.

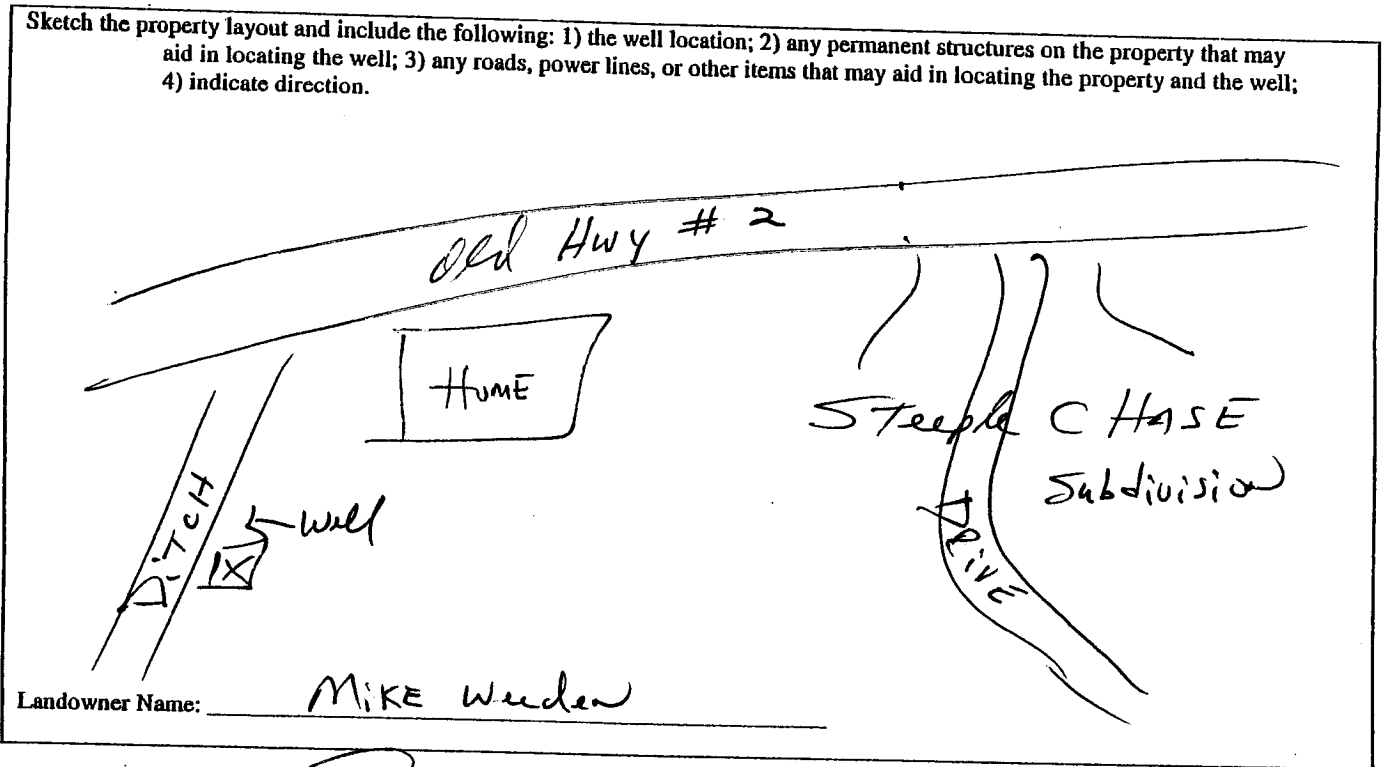
G-143



Description of Formations Encountered	From	To
TOP Gumbo	0	20
Blue Clay	30	110
Coffee Sand	110	180

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.



[Handwritten Signature]

 Signature of Water Well Contractor

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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 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County: Alcorn
Permit #: _____
Driller: Leeper Drilling
Date completed: Aug 15 2008

For Office Use Only:
Aquifer: _____
Well #: G-143
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>MIKE WOODEN</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Steeple Chase Subdivision</u> <u>Lot # 1</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>CORINTH MS 38834</u> City State Zip Code	____ 1/4 ____ 1/4 Sec <u>10</u> Twn <u>25</u> Rng <u>7E</u>
Telephone No. <u>663 286-8860</u>	Distance Direction Nearest Town <u>1</u> Miles <u>W</u> of <u>CORINTH</u>

Pump Type Circle one	Power Type Circle one
Air Lift Bucket Centrifugal Other (specify): _____	Diesel Engine Electric Motor Windmill
Jet Piston Rotary	Gasoline Engine Hand Other (specify): _____
<u>Submersible</u>	Natural Gas Tractor PTO
Date Pump Installed: <u>August 15 2008</u>	Horse Power Rating of Motor: <u>5 HP</u>
Rated Pump Capacity: <u>90</u> Gallons Per Minute	Setting Depth: <u>126</u> feet
	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-15-08</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>30</u> Feet <u>(Below)</u> 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 of Pump Installer _____

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AUG 25 2008
BY: OLWR