

County: Calhoun
 Permit #: _____
 Driller: Leeper Drilling
 Date drilling completed: 9-27-11

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: A 19
 Well #: _____
 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

Owner Name: Kenneth Simpson
 Mailing Address: 262 cr 2 st
(Drivers Flat Community)
Water Valley MS 38965
 City State Zip Code
 Telephone No. 662-716-6543

Well Location

Latitude: N 34 07.84⁵¹ Longitude: W 089 28.54³²
 Method of Lat/Long (circle one): Conventional Survey, Hand-held GPS, Survey-grade GPS
 USGS quad, NE 1/4 NE 1/4 Sec 19 Twn 11 S Rng 3 W
 Distance 12 Miles Direction NW of Nearest Town Bruce

Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: _____
 Date well drilling started: 9-15-11 Date well drilling completed: 9-27-11
 If flowing, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 190 feet above or below (circle one) land surface Date measured: 9-28-11
 Method of Measurement (circle one): steel tape electric tape air line other: _____
 Hole depth: 590 ft Well depth: 590 ft Well grouted to a depth of 10 feet
 Type of grout (circle one): Cement Bentonite Mix
 Casing length: 340 feet Casing diameter: 4 inches Type of casing: PVC
 Screen length: 50 feet Screen diameter: 2 inches Type of screen: PVC
 Screen slot size: .010 inches Setting depth: From 540 feet to 590 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.

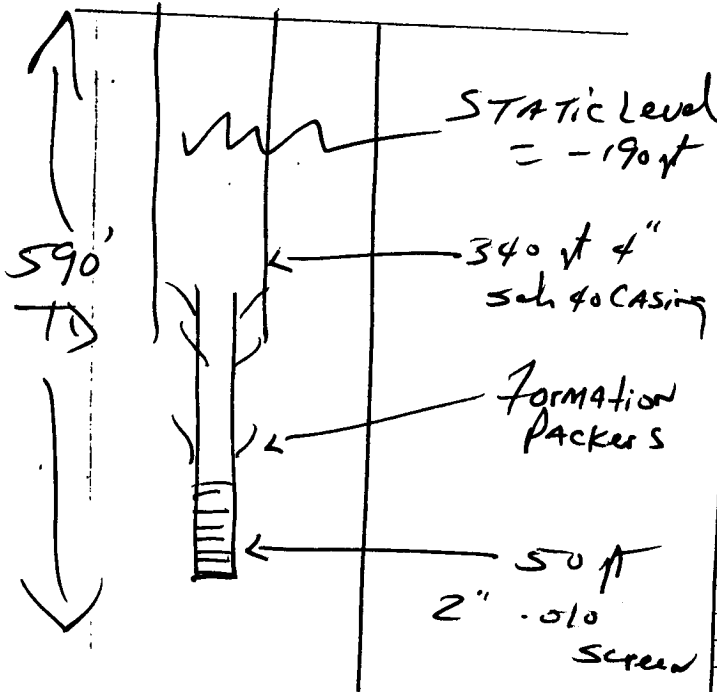
Print Name of Water Well Contractor and License No. Leeper Drilling # 0079

[Signature]
 Signature of Water Well Contractor

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 BY: OLWR

If well telescopes please sketch below and show depths.

Ground Level

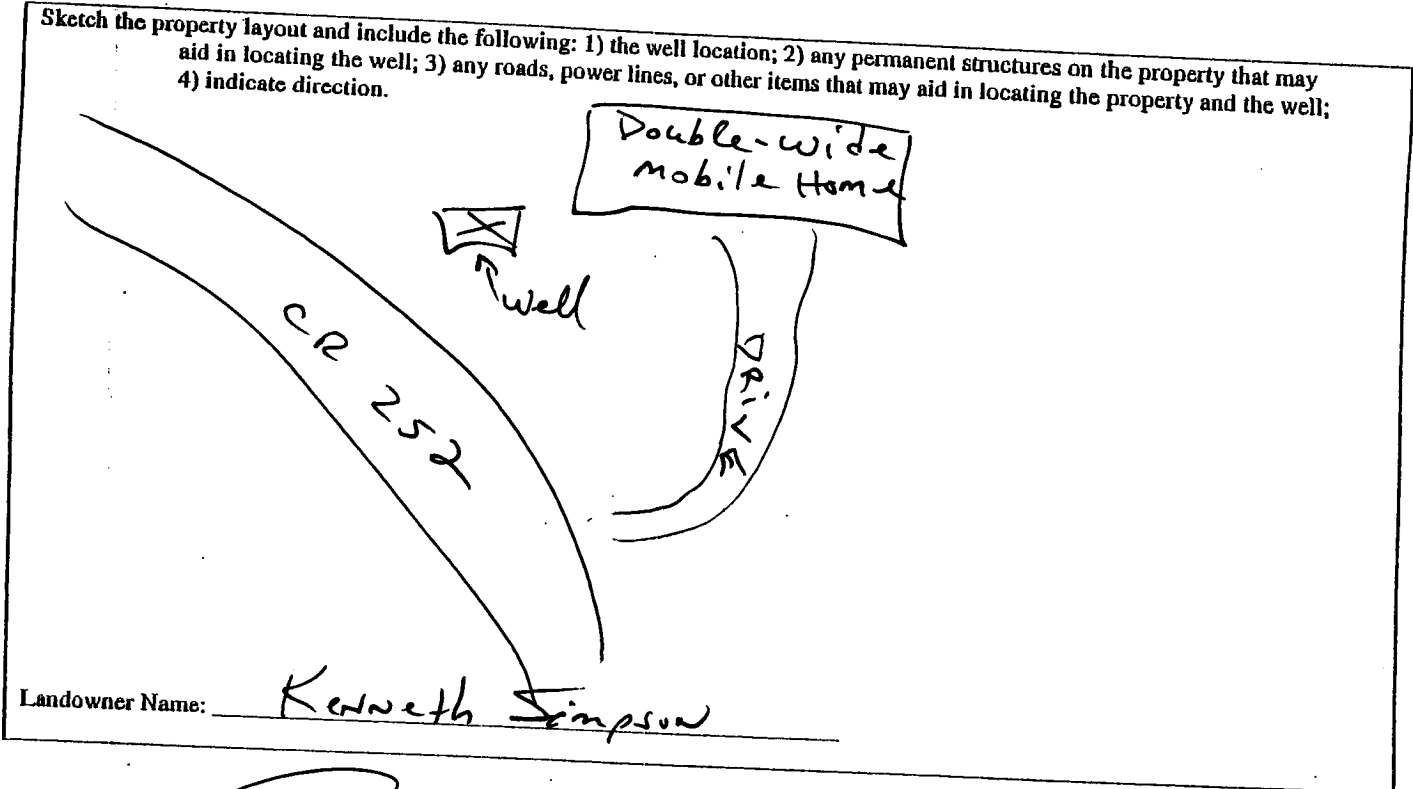


Description of Formations Encountered

Description of Formations Encountered	From	To
Top Red sand	0	20
Red clay w/ sand	20	70
Blue silty clay	70	350
Greenish clay w/ lignite	350	500
fine white sand	500	570
medium white sand	570	590

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.



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)

For Office Use Only:

Aquifer: _____

Well #: A19

Elevation: _____

County: Calhoun
Permit #: _____
Driller: Leeper Drilling
Date completed: 9-28-11

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

Owner Name: Kenneth Simpson

Mailing Address: 262 cr 285
(Drivers Flat Community)
Water Valley, MS 38965
City State Zip Code

Telephone No. (662) 714-6543

Well Location

Latitude: N34° 07.86' Longitude: W089 28.54'

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS Survey-grade GPS

1/4 1/4 Sec 14 Twn 11 S Rng 3 W

Distance Direction Nearest Town

12 Miles NW of Bruce

Pump Type Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 9-28-11

Rated Pump Capacity: 10 Gallons Per Minute

Power Type Circle one

Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
Windmill Other (specify): _____

Horse Power Rating of Motor: 1 HP

Setting Depth: 280 feet

Number of Stages: 14

Pump Test Data

Date Well Tested: 9-28-11

Static Water Level (A): 190 Feet Below Land Surface

Pumping Water Level (B): _____ Feet Below Land Surface

Drawdown [(B) - (A)]: _____ Feet Below Land Surface

Test Pumping Rate: _____ Gallons Per Minute

Duration of Pump Test (minimum 4 hours): _____ hours

Method of Measuring Water Level Circle one

Air Line Electric Measuring Line Steel Tape

Other (specify): _____

For flowing well, measured shut in head: _____ feet

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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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BY: [Signature]