

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 #: E-73
 L. S. Elevation: _____
 E-log #: _____

County: Lafayette
 Permit #: _____
 Driller: Leeper Drilling
 Date drilling completed: 10-19-05

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>Daniel Davish Const. Co.</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>315 Old Sandis Rd</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| City: <u>Oxford MS</u> State: <u>MS</u> Zip Code: <u>38655</u> | <u>1/4</u> <u>1/4</u> Sec <u>8</u> Twn <u>8 S</u> Rng <u>4 W</u> |
| Telephone No. <u>(662) 816-1130</u> | Distance <u>7</u> Miles Direction <u>W</u> of Nearest Town <u>Oxford</u> |

Well Data

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

Date well drilling started: 10-18-05 Date well drilling completed: 10-19-05

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

Static Water Level: 180 feet above or below (circle one) land surface Date measured: 10-20-05

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

Hole depth: 218 ft Well depth: 218 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 203 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 15 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 0.14 inches Setting depth: From 203 feet to 218 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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 BY: OLWR

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: LAfayette
 Permit #: _____
 Driller: Leeper Drilling
 Date completed: 10-20-05

For Office Use Only:

Aquifer: _____
 Well #: E-73
 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>Darrin Daniels Const. Co.</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>315 oad Sanders rd</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Oxford, MS</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | _____ 1/4 _____ 1/4 Sec <u>8</u> Twn <u>8 S</u> Rng <u>4 W</u> |
| Telephone No. <u>(662) 816-1130</u> | Distance Direction Nearest Town |
| | <u>7</u> Miles <u>W</u> of <u>Oxford</u> |

| Pump Type Circle one | Power Type Circle one |
|---------------------------------------------------|-------------------------------------------|
| Air Lift Jet <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>1 HP</u> |
| Date Pump Installed: <u>10-20-05</u> | Setting Depth: <u>200</u> feet |
| Rated Pump Capacity: <u>10</u> Gallons Per Minute | Number of Stages: <u>14</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|------------------------------------------------------------|-----------------------------------------------------|
| Date Well Tested: <u>10-20-05</u> | Air Line Electric Measuring Line <u>Steel Tape</u> |
| Static Water Level (A): <u>180</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 |
| Test Pumping Rate: _____ Gallons Per Minute | _____ feet after _____ hours of pumping |
| 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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