

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-94
L. S. Elevation: _____
E-log #: _____

County: Lafayette
Permit #: _____
Driller: Leeper Drilling
Date drilling completed: 4-12-07

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: Lacey Mac Alexander
Mailing Address: c/o Southwide Construction
310 Heritage Drive
Oxford, MS 38655
City: _____ State: _____ Zip Code: _____
Telephone No.: (602) 234-2522

Well Location

Latitude: _____ Longitude: _____
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
____ 1/4 ____ 1/4 Sec. 7 Twn 85 Rng 4W
Distance Direction Nearest Town
10 Miles W of OXFORD

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 4-12-07 Date well drilling completed: 4-12-07
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 100 feet above or below (circle one) land surface Date measured: 4-13-07
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: 160 feet Casing diameter: 4" inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 4" inches Type of screen: PVC
Screen slot size: .010 inches Setting depth: From 160 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.

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

Signature of Water Well Contractor [Signature]

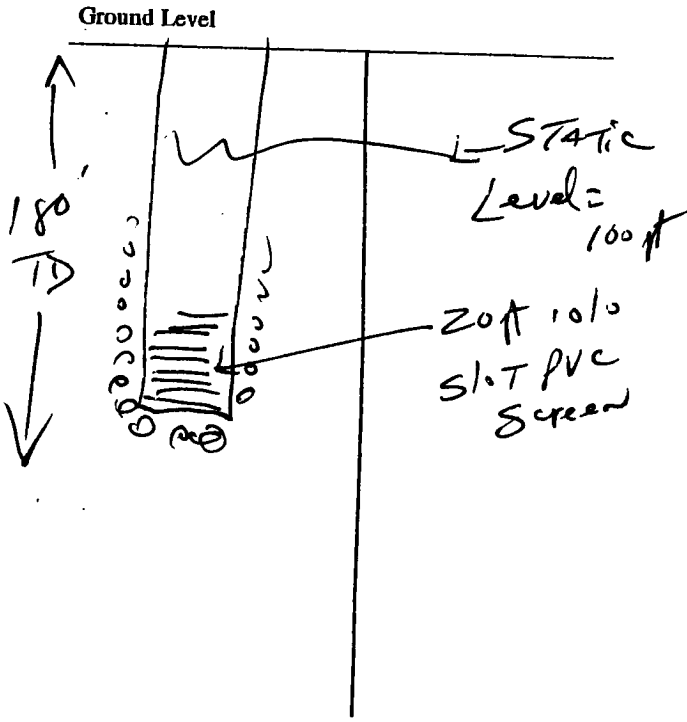
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MAY 15 2007

BY: OLWR

E-94

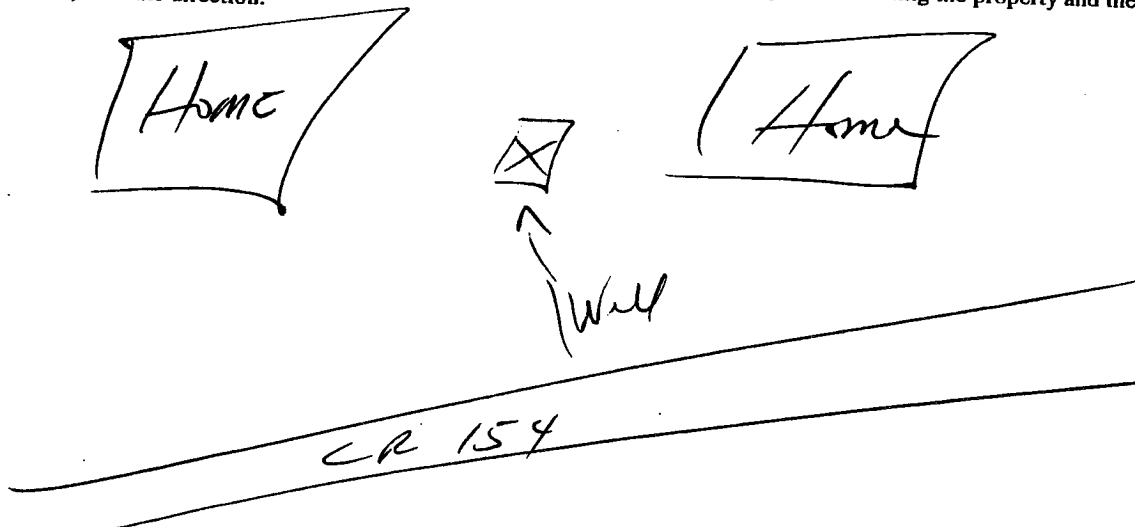
If well telescopes please sketch below and show depths.



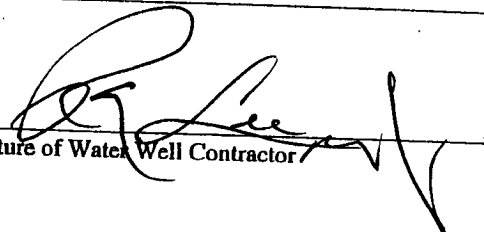
Description of Formations Encountered	From	To
TOP clay	0	20
Brown sand	20	80
White sand	80	180

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.



Landowner Name: Larry Mac Alexander


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 #: E-94

Elevation: _____

County: Lafayette

Permit #: _____

Driller: Leeper Drilling

Date completed: 4-13-07

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: LARRY MAC ALEXANDER

Mailing Address: 40 Southwide Construction
310 Heritage Drive
Oxford, MS 38655
City State Zip Code

Telephone No. 662 234-2522

Well Location

Latitude: _____ Longitude: _____

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

USGS quad, Hand-held GPS, Survey-grade GPS

_____ 1/4 _____ 1/4 Sec 7 Twn 8 S Rng 9 W

Distance Direction Nearest Town

10 Miles W of Oxford

Pump Type

Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 4-13-07

Rated Pump Capacity: 20 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 1/2

Setting Depth: 140 feet

Number of Stages: 14

Pump Test Data

Date Well Tested: 4-13-07

Static Water Level (A): 100 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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