

State Well Report

Part I

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-107
L. S. Elevation: _____
E-log #: _____

County: Lafayette
Permit #: _____
Driller: Leeper Drilling
Date drilling completed: 5-8-08

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 #2 | Well Location |
|--|---|
| Owner Name: <u>KEYSTONE Cottages</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>c/o Rick Cardwell</u> <u>164 Cypress Circle</u> <u>Oxford MS 38655</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | _____ 1/4 _____ 1/4 Sec. <u>13</u> Twn <u>8S</u> Rng <u>4W</u> |
| Telephone No. <u>(662) 236-8087</u> | Distance _____ Direction _____ Nearest Town _____ <u>3</u> Miles <u>West</u> of <u>Oxford</u> |

Well Data

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

Date well drilling started: 5-8-08 Date well drilling completed: 5-8-08

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 5-9-08

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

Hole depth: 170' Well depth: 170' Well grouted to a depth of 80 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 150 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: .013 inches Setting depth: From 150 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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MAY 15 2008
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: 5-9-08

For Office Use Only:
 Aquifer: _____
 Well #: E-107
 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>Keystone Cottages #2</u> Mailing Address: <u>c/o Rick Cardwell</u> <u>164 Cypress Circle</u> <u>Oxford MS 38655</u> City / State Zip Code Telephone No. <u>(601) 236-8087</u> | Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>13</u> Twn <u>8 S</u> Rng <u>4 W</u> Distance Direction Nearest Town <u>3</u> Miles <u>West</u> of <u>Oxford</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift Jet <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>5-9-08</u> Rated Pump Capacity: <u>35</u> Gallons Per Minute | Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>3 HP</u> Setting Depth: <u>120</u> feet Number of Stages: <u>14</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|--|
| Date Well Tested: <u>5-9-08</u> Static Water Level (A): <u>80</u> Feet <u>Below</u> 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 | Air Line Electric Measuring Line <u>Steel Tape</u> 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 of Pump Installer _____

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 MAY 15 2008
 BY: OLWR