

County: Lafayette
 Permit #: _____
 Driller: Leeper Drilling
 Date drilling completed: 11-15-11

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: E 118
 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: Steve Bishop
 Mailing Address: CR 1069
Oxford, MS 38863
 City State Zip Code
 Telephone No. (714) 380-4486

Well Location

Latitude: 31° 22' 03" Longitude: 89° 41' 27"
 Method of Lat/Long (circle one): 02 Conventional Survey, 34
 USGS quad, Hand-held GPS, Survey-grade GPS
SW 1/4 SE 1/4 Sec. 26 Twn 8 S Rng 5 W
 Distance Direction Nearest Town
11 Miles W of Oxford

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
 Date well drilling started: 11-15-11 Date well drilling completed: 11-15-11
 If flowing, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 150 feet above or (below) (circle one) land surface Date measured: 11-16-11
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Hole depth: 208 ft Well depth: 208 ft Well grouted to a depth of 10 feet
 Type of grout (circle one): Cement Bentonite Mix
 Casing length: 188 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 188 feet to 208 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): _____

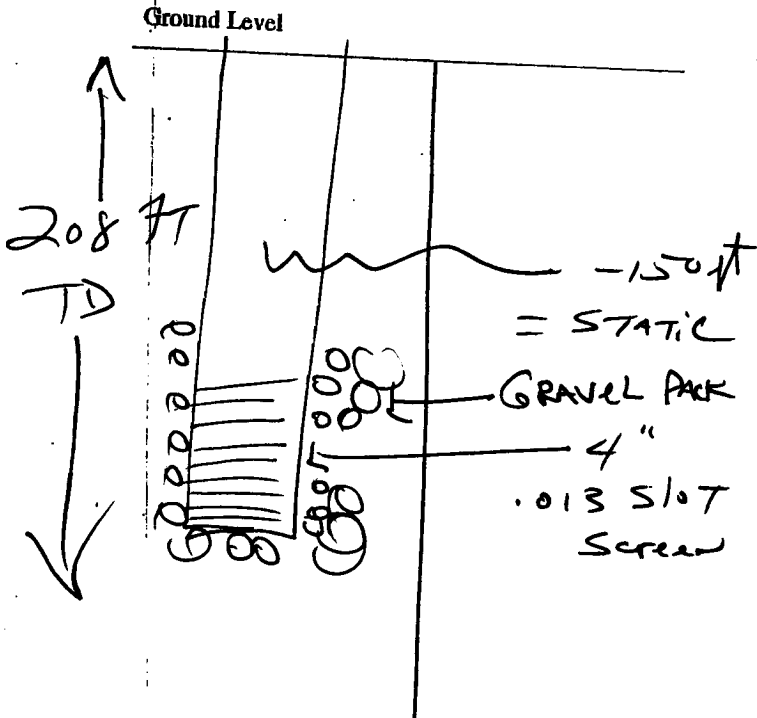
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

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

[Signature]
 Signature of Water Well Contractor

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 BY: OLWR

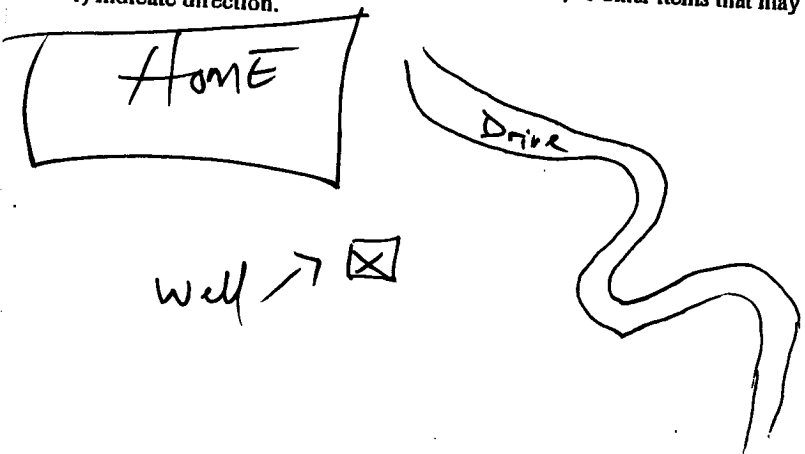
If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
Red Clay	0	30
Brown Sand	30	100
White SAND	100	208

If more than one screen, show location of each on sketch

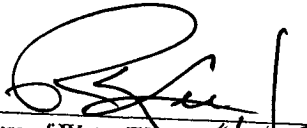
Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



CR ~~1069~~ 1069

Landowner Name: Steve Bishop

lat/long does not match this loc.


 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 #: E118
Elevation: _____

County: Lafayette
Permit #: _____
Driller: Leeper Drilling
Date completed: 11-16-11

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: Steve Bishop
Mailing Address: CR 1069
Oxford MS 38655
City State Zip Code
Telephone No. (714) 380-4486

Well Location

Latitude: 34° 22' 03" Longitude: 89° 41' 57"
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
____ 1/4 ____ 1/4 Sec 26 Twn 8 S Rng 5 W
Distance Direction Nearest Town
11 Miles W of Oxford

Pump Type Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): _____
Date Pump Installed: 11-16-11
Rated Pump Capacity: 70 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: 3 HP
Setting Depth: 180 feet
Number of Stages: 11

Pump Test Data

Date Well Tested: 11-16-11
Static Water Level (A): 150 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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