

County: LA Fayette
 Permit #: _____
 Driller: Leeper Drilling
 Date drilling completed: 8-22-07

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 #: F-176
 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		Well Location	
Owner Name: <u>Kevin Brazzle</u>	Latitude: _____° _____' _____" Longitude: _____° _____' _____"	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
Mailing Address: <u>Lot # 4 Industrial Road</u>	City: <u>Oxford MS</u> State: <u>MS</u> Zip Code: <u>38655</u>	_____ 1/4 _____ 1/4 Sec <u>3</u> Twn <u>8S</u> Rng <u>3W</u>	
Telephone No. <u>(662) 816-0442</u>	Distance: <u>3</u> Miles Direction: <u>N</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: 8-22-07 Date well drilling completed: 8-22-07

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

Static Water Level: 25 feet above or below (circle one) land surface Date measured: 8-23-07

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

Hole depth: 125 ft Well depth: 125 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 110 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .013 inches Setting depth: From 110 feet to 125 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: 8-23-07

For Office Use Only:
Aquifer: _____
Well #: F-176
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>Kevin Brazzle</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>Lot # 4 Industrial Road</u>	Method of Lat/Long (circle one): Conventional Survey, _____		
<u>Oxford MS 38655</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
City / State / Zip Code	_____ 1/4 _____ 1/4 Sec <u>3</u> Twn <u>8 S</u> Rng <u>3 W</u>		
Telephone No. <u>(662) 816-0442</u>	Distance _____	Direction _____	Nearest Town _____
	<u>3</u> Miles <u>N</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 1/2 HP</u>		
Date Pump Installed: _____			Setting Depth: <u>80</u> feet		
Rated Pump Capacity: <u>20</u> Gallons Per Minute			Number of Stages: <u>11</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: <u>8-23-07</u>	Air Line	Electric Measuring Line	<u>Steel Tape</u>
Static Water Level (A): <u>25</u> Feet <u>Below</u> 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 _____ feet after _____ hours of pumping		
Test Pumping Rate: _____ Gallons Per Minute			
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]
Signature of Pump Installer

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SEP 14 2007
BY: OLWR