County: Lafayette

Permit #:

Driller: Leeper Drilling

Date drilling completed: Sept 28 '06

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 #: G-30

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: Charles M. Moseley

Mailing Address: 326 Ridgeway Manor Drive

Oxford, MS 38655

City State Zip Code

Telephone No. ~~234~~ 6287
662 234-6287

Well Location

Latitude: ° ' " Longitude: ° ' "

Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS

¼ ¼ Sec 27 Twn 8S Rng 2W

Distance 7 Miles Direction EAST of Nearest Town Oxford

Well Data

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

Date well drilling started: 9-26-06 Date well drilling completed: 9-28-06

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

Static Water Level: 150 feet above or below (circle one) land surface Date measured: 9-29-06

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

Hole depth: 360 ft Well depth: 360 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite (Mix)

Casing length: 340 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 340 feet to 360 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

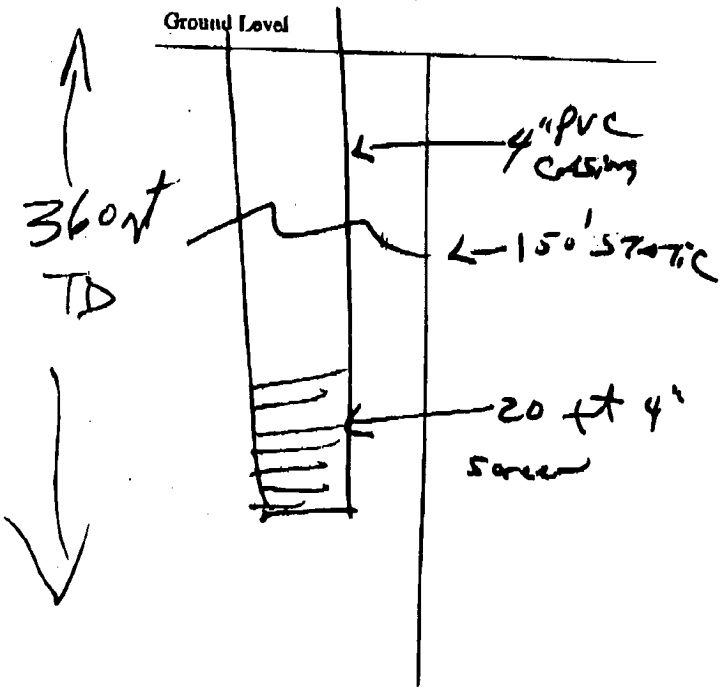
Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

RECEIVED
OCT 24 2006
BY: [illegible]

G-30

If well telescopes please sketch below and show depths.

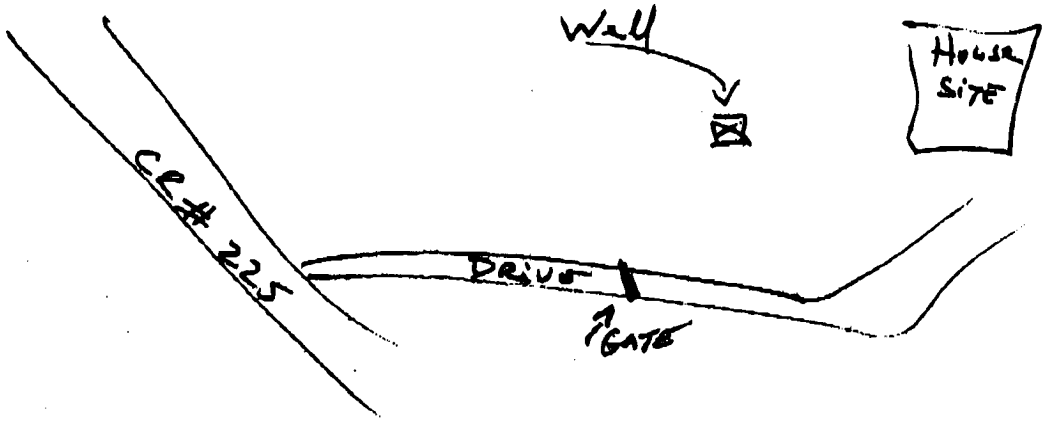


If more than one screen, show location of each on sketch

Description of Formations Encountered	From	To
Red clay	0	20
Blue clay	20	80
Black green and Brown clay's	80	330
fine, fine, fine silty sand	330	360

How I got water out of this sand? I don't know!!

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: Charles M. Mosley

Signature of Water Well Contractor

STATE WELL REPORT
Part 2

County: Lafayette
Permit #:
Driller: Leeper Drilling
Date completed: 9-29-06

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 #: G-30
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

Owner Name: Charles M. Mosely
Mailing Address: 326 Ridgeway Manor Drive
Oxford, MS 38655
City State Zip Code
Telephone No. (662) 234-6287

Well Location

Latitude: _____ Longitude: _____
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
____ ¼ ____ ¼ Sec____ Twn____ Rng____
Distance 7 Miles Direction EAST of Nearest Town Oxford

Pump Type
Circle one

Air Lift | Jet | (Submersible)
Bucket | Piston | Turbine
Centrifugal | Rotary | Flowing Well
Other (specify): _____
Date Pump Installed: 9-29-06
Rated Pump Capacity: 10 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 HP
Setting Depth: 200 feet
Number of Stages: 14

Pump Test Data

Date Well Tested: 9-29-06
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 of Pump Installer

RECEIVED
OCT 24 2006
BY: DLWR