

County: Lafayette
 Permit #: _____
 Driller: Leeper Drilling
 Date drilling completed: 7/20/10

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: H 9
 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: Jimmy Wilson
 Mailing Address: Cypress Creek Road
Oxford MS
 City State Zip Code
 Telephone No. (601) 801-8396

Well Location

Latitude: 34.24.08 Longitude: 89.18.21
 Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
SW 1/4 NE 1/4 Sec 9 Twn 8S Rng 1W
 Distance Direction Nearest Town
12 Miles E of Oxford

Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: _____
 Date well drilling started: July 20, 2010 Date well drilling completed: 7-20-10
 If flowing, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 40 feet above or below (circle one) land surface Date measured: 7-21-10
 Method of Measurement (circle one): steel tape electric tape air line other: _____
 Hole depth: 95 ft Well depth: 95 ft Well grouted to a depth of 10 feet
 Type of grout (circle one): Cement Bentonite Mix
 Casing length: 80 feet Casing diameter: 4" inches Type of casing: PVC
 Screen length: 15 feet Screen diameter: 4" inches Type of screen: PVC
 Screen slot size: 0013 inches Setting depth: From 80 feet to 95 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]
 Signature of Water Well Contractor

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 AUG 16 2010
 BY: OIWR

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: H9
Well #: _____
Elevation: _____

County: Lafayette
Permit #: _____
Driller: Leeper Drilling
Date completed: 7-21-10

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: Jimmy Wilson
Mailing Address: Cypress Creek Rd
Oxford MS 38655
City, State, Zip Code
Telephone No. (662) 801-8396

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 9 Twn 8S Rng 1W
Distance Direction Nearest Town
12 Miles E of Oxford

Pump Type

Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 7-21-10

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: 3/4 HP

Setting Depth: 80 feet

Number of Stages: 8

Pump Test Data

Date Well Tested: 7-21-10
Static Water Level (A): 40 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.

Print Name of Pump Installer and License No. (if applicable) Leeper Drilling # 0079

Signature of Pump Installer [Signature]

RECEIVED

AUG 16 2010

BY: OLWR