

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: K 43
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Lafayette
Permit #: _____
Driller: Leeper Drilling
Date drilling completed: 7-26-11

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: ERIC Thweatt Construction
Mailing Address: 1704 University Ave
Oxford, MS 38655
City: _____ State: _____ Zip Code: _____
Telephone No. (662) 202-5020

Well Location

Latitude: N 34° 15.6639 Longitude: W 89° 28.989
Method of Lat/Long (circle one): Conventional Survey, Hand-held GPS, Survey-grade GPS
USGS quad: NW 1/4 NE 1/4 Sec 36 Twn 9S Rng 3W
Distance: 8 Miles Direction: SE of Oxford

Well Data

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

Date well drilling started: July 21, 2011 Date well drilling completed: July 26, 2011

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

Static Water Level: 100 feet above or below (circle one) land surface Date measured: July 27, 2011

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

Hole depth: 460 ft Well depth: 460 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: 50 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 410 feet to 460 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: [Signature]

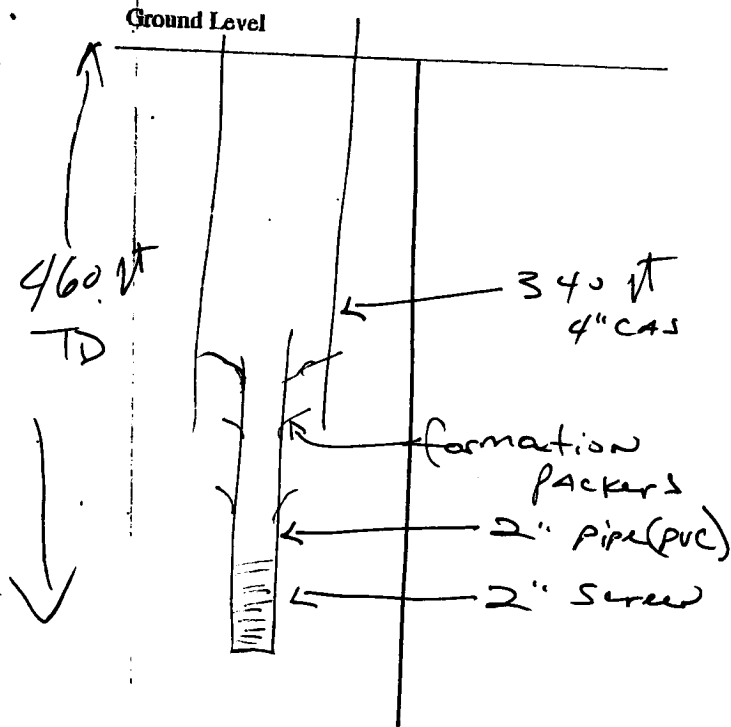
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BY: OLIVAR

If well telescopes please sketch below and show depths.

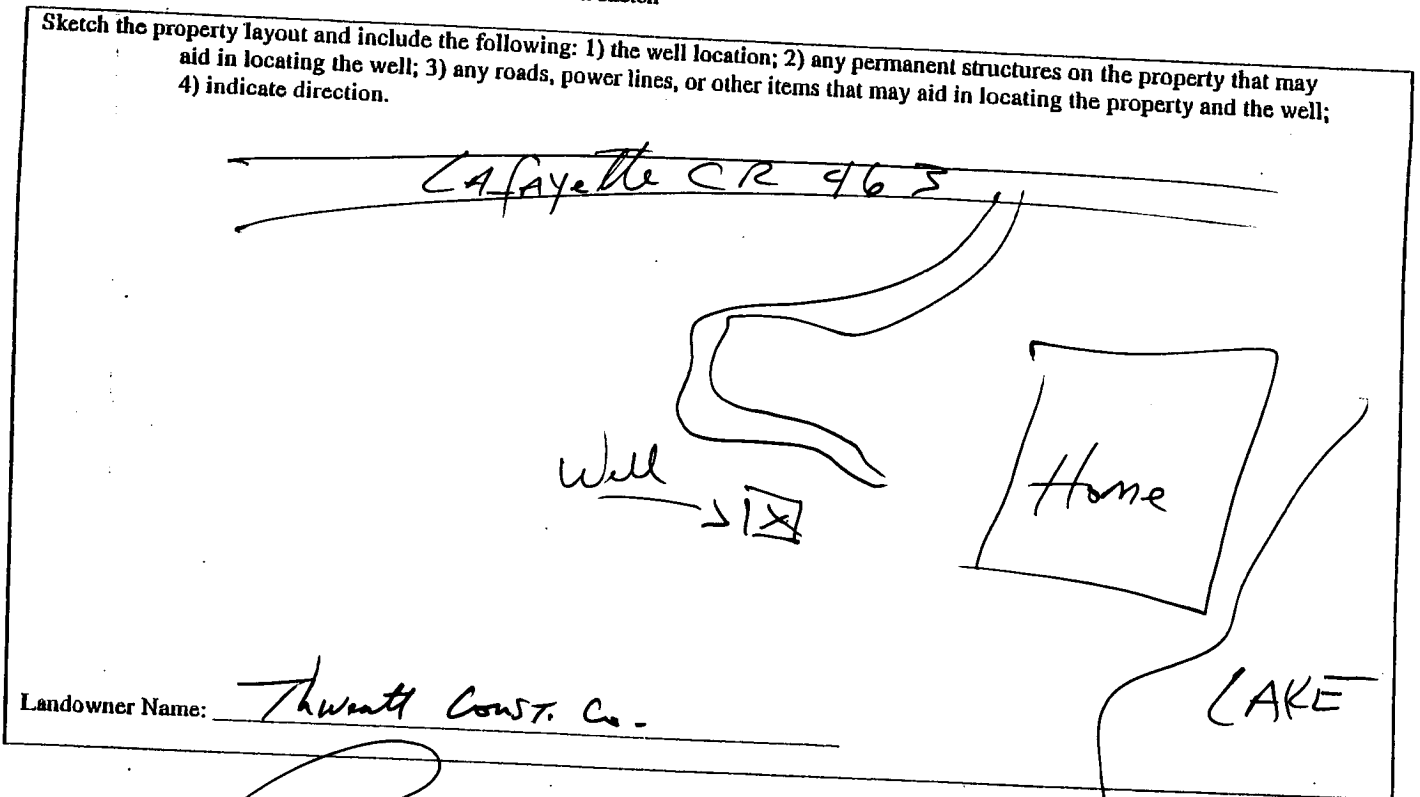
K 43



Description of Formations Encountered	From	To
Red Clay		
Red Sand Rock	0	80
Blue Clay	80	180
Blue, Green, Black		
Clays w/ lignite	180	400
fine white sand w/ lignite lens	400	460

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.



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 #: K43
Elevation: _____

County: Lafayette
Permit #: _____
Driller: Leaper Drilling
Date completed: July 27, 2011

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: Eric Thweatt Construction
Mailing Address: 1704 Univ. Ave
Oxford, MS 38655
City State Zip Code
Telephone No. (662) 202-502

Well Location

Latitude: N 34° 15.66' Longitude: W 89° 28.989'
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
1/4 _____ 1/4 Sec 36 Twn 9S Rng 3W
Distance Direction 35 Nearest Town
8 Miles SE of Oxford

Pump Type Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: July 27, 2011

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: 160 feet

Number of Stages: 11

Pump Test Data

Date Well Tested: July 27, 2011

Static Water Level (A): 100 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.

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

[Signature]
Signature of Pump Installer

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