

County: Lee
 Permit #: _____
 Driller: Leeper Drilling
 Date drilling completed: Jan 14, 2011

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: G97
 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		Well Location	
Owner Name: <u>Ray Parker</u>		Latitude: <u>34.18.39</u> "	Longitude: <u>88.48.47</u> "
Mailing Address: <u>Belden/Endville rd</u>		Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS	
<u>Belden</u> MS <u>38826</u>		<u>SE 1/4 SE 1/4</u> Sec <u>7</u> Twn <u>9S</u> Rng <u>5E</u>	
City: _____ State: _____ Zip Code: _____		Distance: <u>3</u> Miles	Direction: <u>W</u> of Nearest Town: <u>Belden</u>
Telephone No. <u>662 213-2782</u>			

Well Data

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

Date well drilling started: Jan 10, 2011 Date well drilling completed: Jan. 14, 2011

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

Static Water Level: 200 feet above or below (circle one) land surface Date measured: Jan. 15, 2011

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: 330 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: .013 inches Setting depth: From 330 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]
 Signature of Water Well Contractor

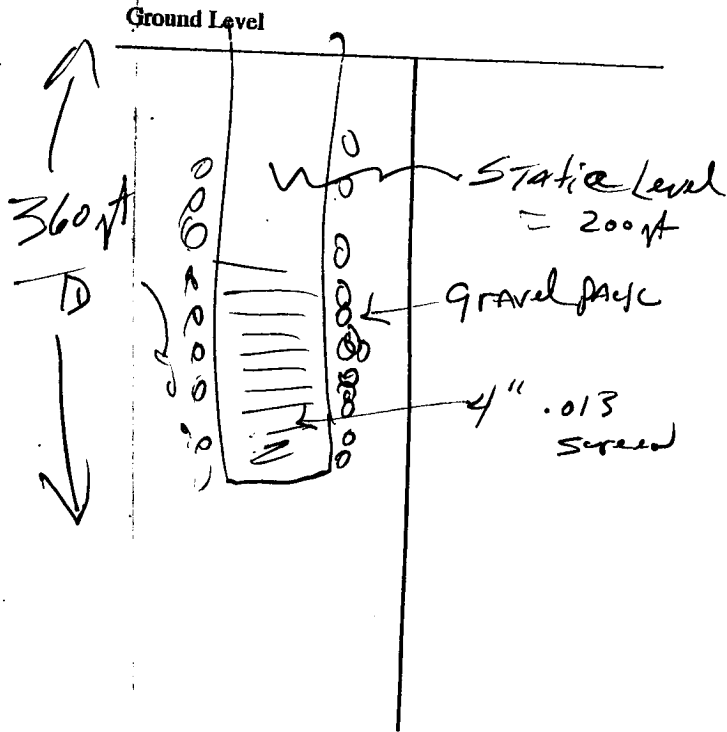
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FEB 09 2011

BY: OLWR

If well telescopes please sketch below and show depths.

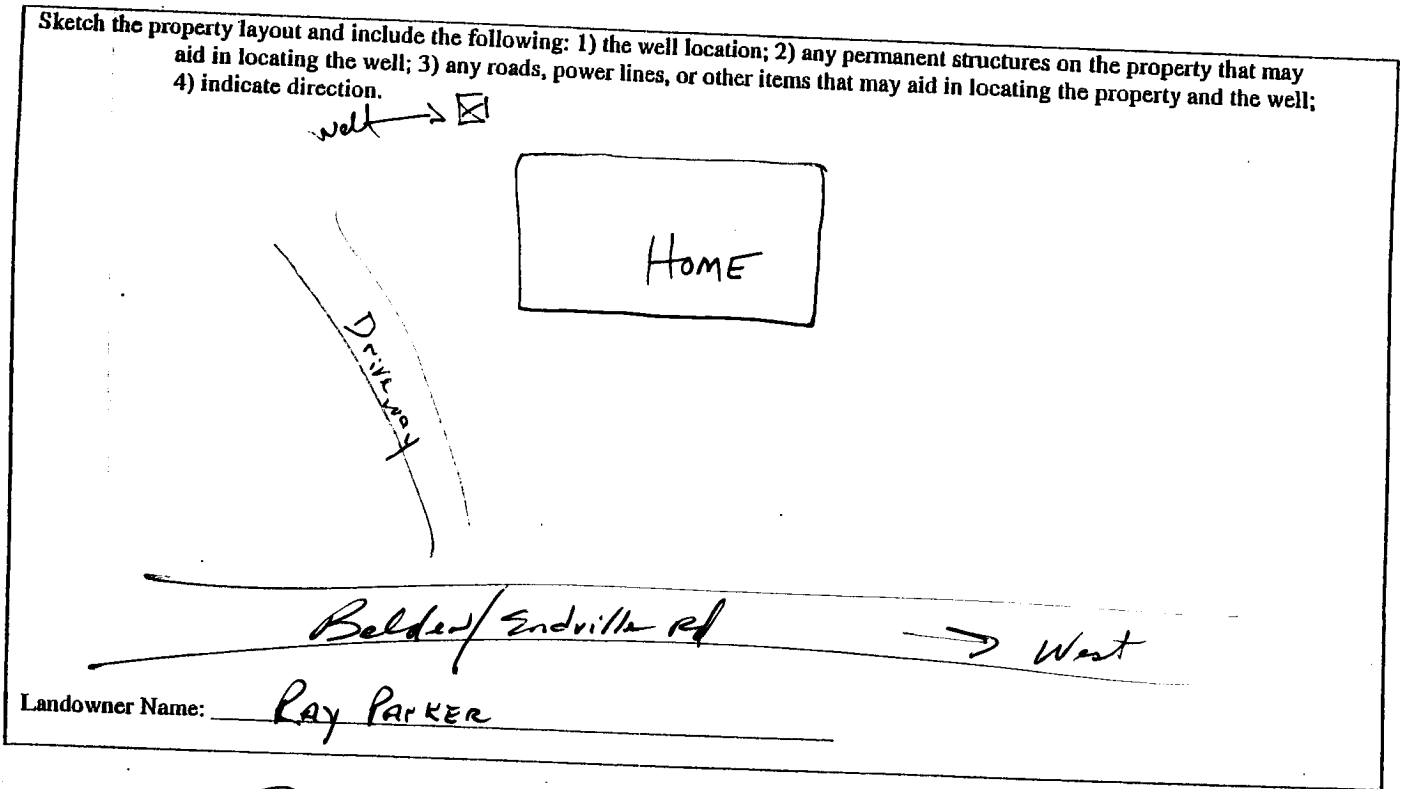
697

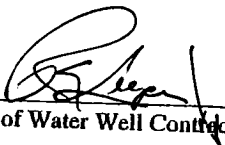


Description of Formations Encountered	From	To
Top clay	0	20
Blue clay	20	200
Silty green clay	200	320
Sand	320	360

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 #: _____
Elevation: _____

County: Lee
Permit #: _____
Driller: Leeper Drilling
Date completed: Jan 15, 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	Well Location
Owner Name: <u>Ray W. PARKER</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Belder/Endville rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Belder, MS 38826</u> City State Zip Code	____ 1/4 ____ 1/4 Sec <u>7</u> Twn <u>9S</u> Rng <u>5E</u>
Telephone No. <u>(662) 213-2782</u>	Distance Direction Nearest Town <u>3</u> Miles <u>West</u> of <u>Belder</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>1-15-11</u>	Setting Depth: <u>260</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-15-11</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>200</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 #3079
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer

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FEB 09 2011

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