

County: Panola
 Permit #: _____
 Driller: Leeper Drilling
 Date drilling completed: 6-11-07

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 #: H-49
 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>MARK HUDSON</u>	Latitude: _____ Longitude: _____
Mailing Address: <u># 715 ST. Hiway 315</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Sardis MS</u> City State Zip Code	<u>1/4 1/4 Sec 32 Twn 75 Rng 6W</u>
Telephone No. <u>663 801-5034</u>	Distance <u>7</u> Miles Direction <u>NE</u> of Nearest Town <u>3475 Sullivan</u>

Well Data

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

Date well drilling started: 6-11-07 Date well drilling completed: 6-11-07

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

Static Water Level: 105 feet above or below (circle one) land surface Date measured: 6-12-07

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

Hole depth: 162 ft Well depth: 162 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 142 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .013 inches Setting depth: From 142 feet to 162 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.

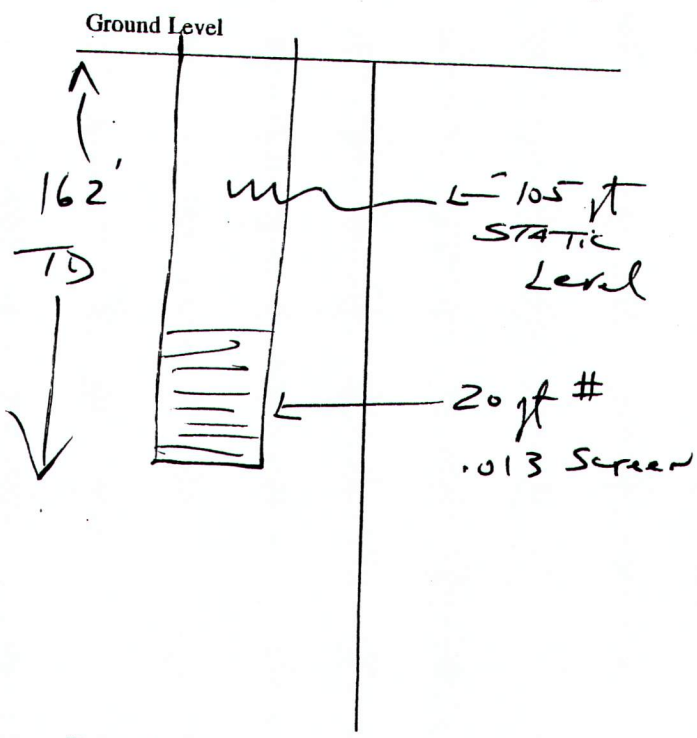
Leeper Drilling # 0079
 Print Name of Water Well Contractor and License No.

[Signature]
 Signature of Water Well Contractor

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 BY: OLWR

H-49

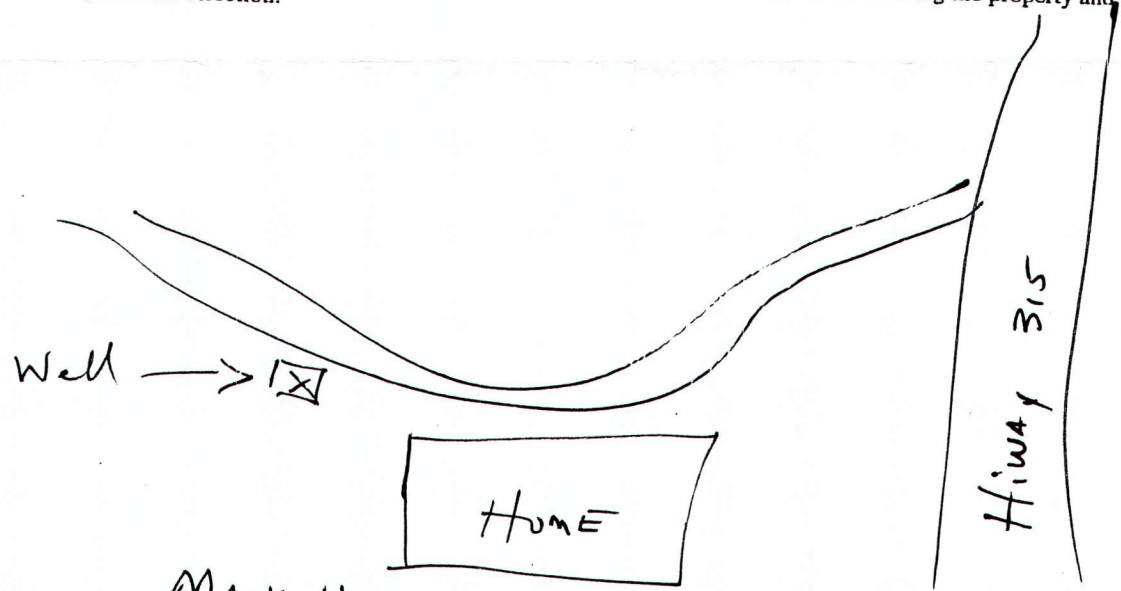
If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
Red clay	0	15
Red Sand	15	30
Brown Sand	30	110
White Sand	110	162

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.



Landowner Name: MARK HUDSON

Signature of Water Well Contractor
[Handwritten Signature]

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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)

County: Panola
Permit #: _____
Driller: Leeper Drilling
Date completed: 6-12-07

For Office Use Only:
Aquifer: _____
Well #: H-49
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: MARK HUDSON
Mailing Address: # 715 ST Highway 315
Sardis MS
City State Zip Code
Telephone No. () _____

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 32 Twn 75 Rng 6W
Distance Direction Nearest Town
9 Miles NE of Batesville

Pump Type
Circle one
Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): _____
Date Pump Installed: 6/12/07
Rated Pump Capacity: 25 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: 2 HP
Setting Depth: 150 feet
Number of Stages: 14

Pump Test Data
Date Well Tested: 6-12-07
Static Water Level (A): 105 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

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