

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 #: B-155
L. S. Elevation: _____
E-log #: _____

County: Pontotoc
Permit #: _____
Driller: Leeper Drilling
Date drilling completed: 2/29/08

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: DUSTIN MATTHEWS
Mailing Address: Horton Lane
Pontotoc MS 38863
City / State / Zip Code
Telephone No. (662) 489-6784

Well Location

Latitude: _____ Longitude: _____
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
____ 1/4 Sec 27 Twn 8 S Rng 2 E
Distance 3 1/2 Miles Direction West of Nearest Town Ecru

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 2/29/08 Date well drilling completed: 3-1-08
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 15 feet above or below (circle one) land surface Date measured: 3-1-08
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 180 Well depth: 180 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 150 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 150 feet to 180 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

RECEIVED
MAR 10 2008
BY OLIVER

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: Pontotoc
Permit #: _____
Driller: Leeper Drilling
Date completed: 2/29/08

For Office Use Only:
Aquifer: _____
Well #: B-155
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 | | Well Location | |
|----------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------|--------------------------|
| Owner Name: <u>Dustin Matthews</u> | Latitude: _____ | Longitude: _____ | |
| Mailing Address: <u>Horton town Ln</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS | | |
| <u>Pontotoc MS 38863</u> | _____ 1/4 _____ 1/4 Sec <u>27</u> Twn <u>8 S</u> Rng <u>2 E</u> | | |
| City State Zip Code | Distance <u>3 1/2</u> Miles | Direction <u>West</u> | Nearest Town <u>ECRY</u> |
| Telephone No. <u>602 489-6784</u> | | | |

| Pump Type Circle one | | | Power Type Circle one | | |
|---------------------------------------------------|--------|--------------------|--------------------------------------------|------------------------|-------------|
| Air Lift | Jet | <u>Submersible</u> | Diesel Engine | Gasoline Engine | Natural Gas |
| Bucket | Piston | Turbine | <u>Electric Motor</u> | Hand | Tractor PTO |
| Centrifugal | Rotary | Flowing Well | Windmill | Other (specify): _____ | |
| Other (specify): _____ | | | Horse Power Rating of Motor: <u>3/4 HP</u> | | |
| Date Pump Installed: <u>3-1-08</u> | | | Setting Depth: <u>80</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>3-1-08</u> | Air Line | Electric Measuring Line | <u>Steel Tape</u> |
| Static Water Level (A): <u>15</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 # 0079
Print Name of Pump Installer and License No. (if applicable) _____
Signature of Pump Installer _____

RECEIVED
MAR 10 2008
BY: OLWR