

County: Pontotoc
 Permit #: _____
 Driller: Leeper Well Service
 Date drilling completed: 4-14-10

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: B 160
 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>Michael Catt</u>		Latitude: <u>34.16.19</u>	Longitude: <u>89.07.45</u>
Mailing Address: <u>Hwy 6 West</u>		Method of Lat/Long (circle one): <u>Conventional Survey</u>	
<u>Pontotoc MS 38863</u>		USGS quad, Hand-held GPS, Survey-grade GPS	
City: _____ State: _____ Zip Code: _____		<u>SW 1/4 NE 1/4</u> Sec <u>30</u> Twn <u>9S</u> Rng <u>2E</u>	
Telephone No. <u>(662) 419-1560</u>		Distance <u>3</u> Miles Direction <u>South</u> of Nearest Tqwn <u>Taxton</u>	

Well Data

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

Date well drilling started: 4-26-10 Date well drilling completed: 4-14-10

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 4-15-10

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

Hole depth: 400 ft Well depth: 400 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 300 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .013 inches Setting depth: From 360 feet to 400 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.

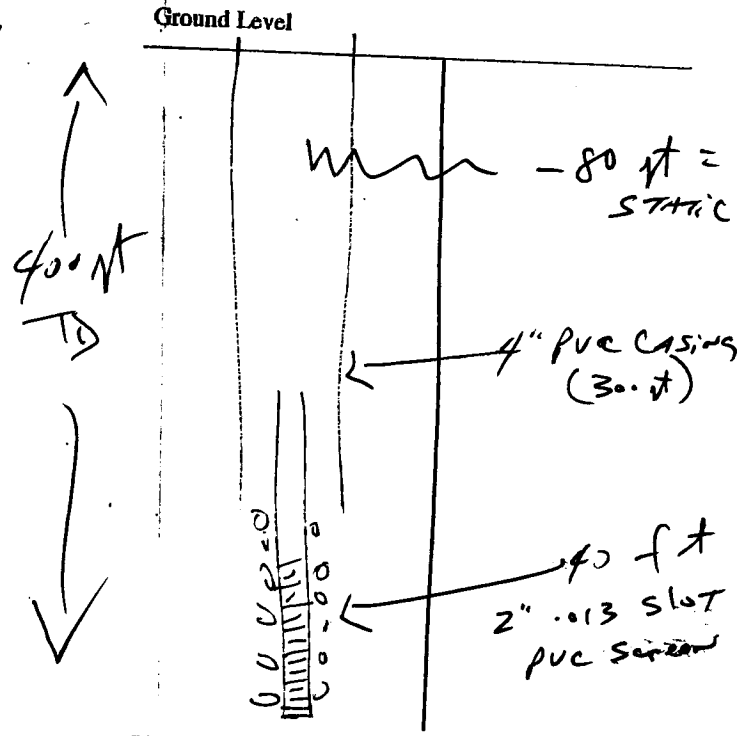
Leeper Well Service # 0079
 Print Name of Water Well Contractor and License No.

[Signature]
 Signature of Water Well Contractor

RECEIVED
 MAY 12 2010
 BY: OLWR

B160

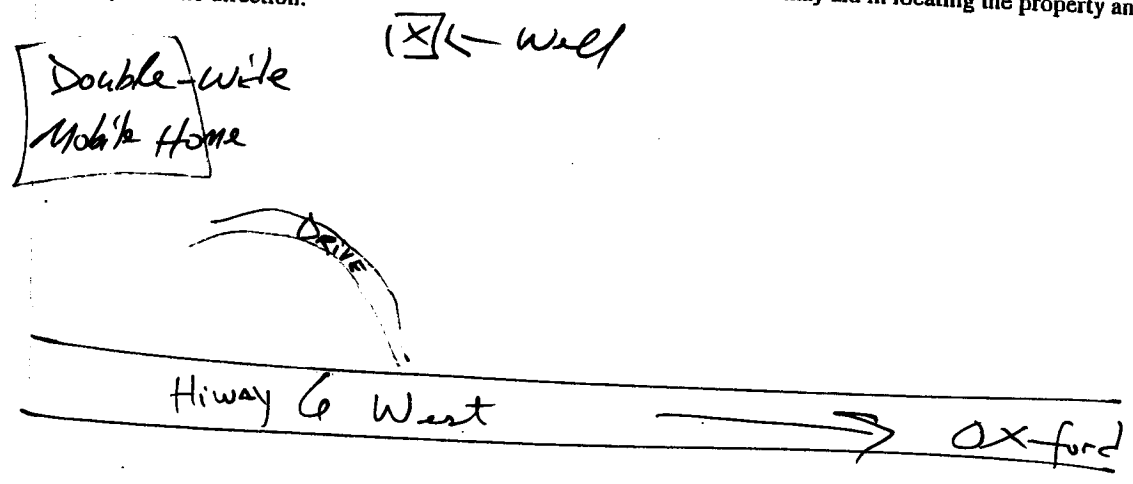
If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
Top Gumbo	0	30
Blue clay	30	250
CHALK	260	360
SAND	360	400

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: Michael CATT

[Handwritten Signature]
 Signature of Water Well Contractor

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 MAY 12 2000
 BY: OLWR

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: B160

Well #: _____

Elevation: _____

County: Pontotoc
Permit #: _____
Driller: Leeper Well Service
Date completed: 4-15-10

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: Michael CATT

Mailing Address: 6 West

Pontotoc MS 38863
City State Zip Code

Telephone No. (662) 419-1560

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 30 Twn 9S Rng 2E

Distance _____ Direction _____ Nearest Town _____

3 Miles South of Thaxton

Pump Type Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 4-15-10

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 + 1P

Setting Depth: 150 feet

Number of Stages: 2

Pump Test Data

Date Well Tested: 4-15-10

Static Water Level (A): 80 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 Well Service # 0079

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

FILED
MAY 10 2010
BY: OLIVER