

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 #: F-65

L. S. Elevation: _____

E-log #: _____

County: Port Gibson

Permit #: _____

Driller: Leeper Drilling

Date drilling completed: 12-13-06

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: Jerry Kizer

Mailing Address: 219 Hwy 341

Port Gibson MS 38863
City State Zip Code

Telephone No. (662) 488-1223

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 26 Twn 10S Rng 2E

Distance Direction Nearest Town
3 Miles W of Algona

Well Data

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

Date well drilling started: 12-11-06 Date well drilling completed: 12-13-06

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

Static Water Level: 70 feet above (or below) (circle one) land surface Date measured: 12-14-06

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

Hole depth: 175 ft Well depth: 175 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 155 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: #0/0 inches Setting depth: From 155 feet to 175 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

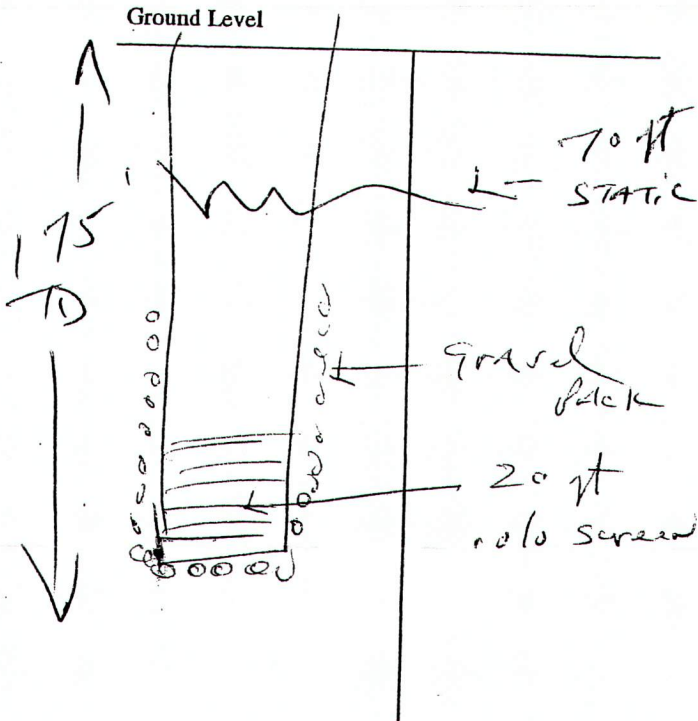
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JAN 17 2007

BY OLWR

F-65

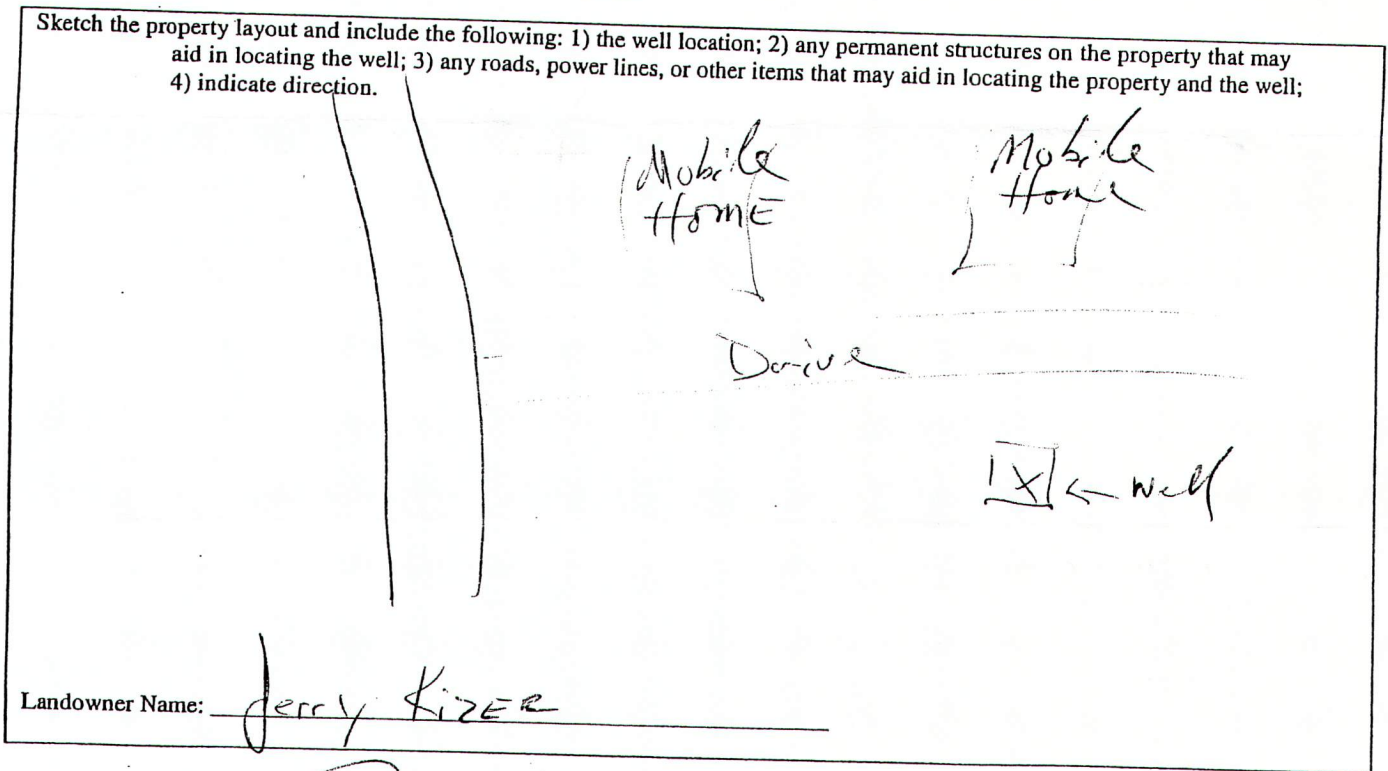
If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
Top Gumbo	0	30
Blue clay	30	100
CHALK	100	140
SAND	140	175
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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: Jerry Kizer

[Signature]
Signature of Water Well Contractor

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 #: F-65
 Elevation: _____

County: PONTIAC
 Permit #: _____
 Driller: Leeper Drilling
 Date completed: 12-14-06

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>Jerry KIZER</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>219 Hiway 341</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Pontiac MS 38463</u>	<u>1/4</u> <u>1/4</u> Sec. <u>26</u> Twn <u>10S</u> Rng <u>2E</u>
City / State / Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 488-1223</u>	<u>3</u> Miles <u>W</u> of <u>Algout</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>12-14-06</u>	Setting Depth: <u>140</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>12-14-06</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>70</u> Feet <input checked="" type="radio"/> Below 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]
 Signature of Pump Installer

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BY: OLWF