

County: Pontotoc
 Permit #: _____
 Driller: Leeper Drilling
 Date drilling completed: 7-24-10

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: 648
 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

Owner Name: David Mathis
 Mailing Address: 295 Wallfield Road
Pontotoc MS
 City State Zip Code
 Telephone No. (662) 489-3344

Well Location

Latitude: 34-13-42 Longitude: 89-01-08
 Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
SE 1/4 NE 1/4 Sec 7 Twn 10 S Rng 3 E
 Distance Direction Nearest Town
3 Miles S of Algona

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
 Date well drilling started: 7-23-10 Date well drilling completed: 7-24-10
 If flowing; method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 40 feet above or below (circle one) land surface Date measured: 7-26-10
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Hole depth: 135 ft Well depth: 135 ft Well grouted to a depth of 10 feet
 Type of grout (circle one): Cement Bentonite Mix
 Casing length: 115 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 115 feet to 135 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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 AUG 16 2010
 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)

County: Pontotoc
 Permit #: _____
 Driller: Leeper Drilling
 Date completed: 7-26-10

For Office Use Only:

Aquifer: B48
 Well #: _____
 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>David Mathis</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>295 Wallfield Rd</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>Pontotoc, MS 38863</u>	<u>1/4</u> <u>1/4</u> Sec <u>7</u> Twn <u>10S</u> Rng <u>3E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 489-3344</u>	<u>3</u> Miles <u>S</u> of <u>Algona</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Bucket <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>7-26-10</u> Rated Pump Capacity: <u>10</u> Gallons Per Minute	<input checked="" type="checkbox"/> Diesel Engine <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Windmill Horse Power Rating of Motor: <u>3/4 HP</u> Setting Depth: <u>100</u> feet Number of Stages: <u>8</u>
<input checked="" type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Flowing Well	<input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Hand <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-26-10</u>	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>40</u> Feet 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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AUG 16 2010

BY: OLWR