

County: Pontotoc
 Permit #: _____
 Driller: Leeper Drilling
 Date drilling completed: ~~_____~~
3-15-14

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 37
 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: Ray Leeper
 Mailing Address: 372 Leeper Ln
Pontotoc MS 38863
 City State Zip Code
 Telephone No. 662 489-5487

Well Location 34°12'0" N -88°52'40.8" W
 Latitude: 34°12'00" Longitude: 89°52'69.5"
 Method of Lat/Long (circle one): Conventional Survey,
 USGS quad, Hand-held GPS, Survey-grade GPS
SE 1/4 NE 1/4 Sec 21 Twn 10S Rng 4E
 Distance 8 Miles Direction SE of Nearest Town Pontotoc

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
 Date well drilling started: 2-17-14 Date well drilling completed: 3-15-14
 If flowing, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 160 feet above or below (circle one) land surface Date measured: 3-17-14
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Hole depth: 750' Well depth: 750' Well grouted to a depth of 10 feet
 Type of grout (circle one): Cement Bentonite Mix
 Casing length: 60 feet Casing diameter: 4 1/2 inches Type of casing: PVC
 Screen length: 40 feet Screen diameter: 2" inches Type of screen: PVC
 Screen slot size: .010 inches Setting depth: From 710 feet to 750 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

-88,878 -89,877
34,200 34,200

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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: 3-17-14

For Office Use Only:

Aquifer: _____
 Well #: H 37
 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: Ray Leeper
 Mailing Address: 372 Leeper Ln
Pontotoc MS 38863
City State Zip Code
 Telephone No. 662 489-5487

Well Location

Latitude: 34° 12' 00" Longitude: 88° 52' 46.8"
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad, Hand-held GPS, Survey-grade GPS
SE 1/4 NE 1/4 Sec 21 Twn 10S Rng 4E
 Distance Direction Nearest Town
8 Miles SE of Pontotoc

Pump Type
Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: _____
 Rated Pump Capacity: 35 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: 5 HP
 Setting Depth: 231 feet
 Number of Stages: 21

Pump Test Data

Date Well Tested: 3-17-14
 Static Water Level (A): 160 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 [Signature]

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