

County: Prentiss
 Permit #: _____
 Driller: Leeper Drilling
 Date drilling completed: 10-1-08

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 #: J-97
 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>Ray Moore</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>CR 5031</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>Wheeler, MS 38880</u> City State Zip Code	<u>1/4 1/4 Sec 12 Twn 6 S Rng 6 E</u>
Telephone No. <u>(662) 365-3062</u>	Distance <u>2</u> Miles Direction <u>E</u> of Nearest Town <u>FRANKS TOWN</u>

Well Data

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

Date well drilling started: 9-29-08 Date well drilling completed: 10-1-08

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

Static Water Level: 90 feet above below (circle one) land surface Date measured: 10-2-08

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

Hole depth: 360 ft Well depth: 360 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 330 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 330 feet to 360 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: _____

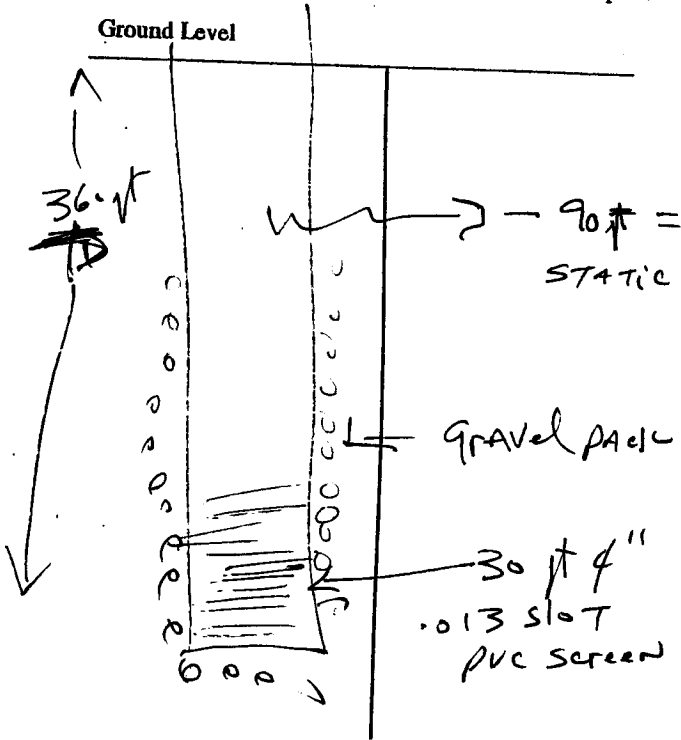
Name of organization running log(s): _____

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 of Water Well Contractor _____

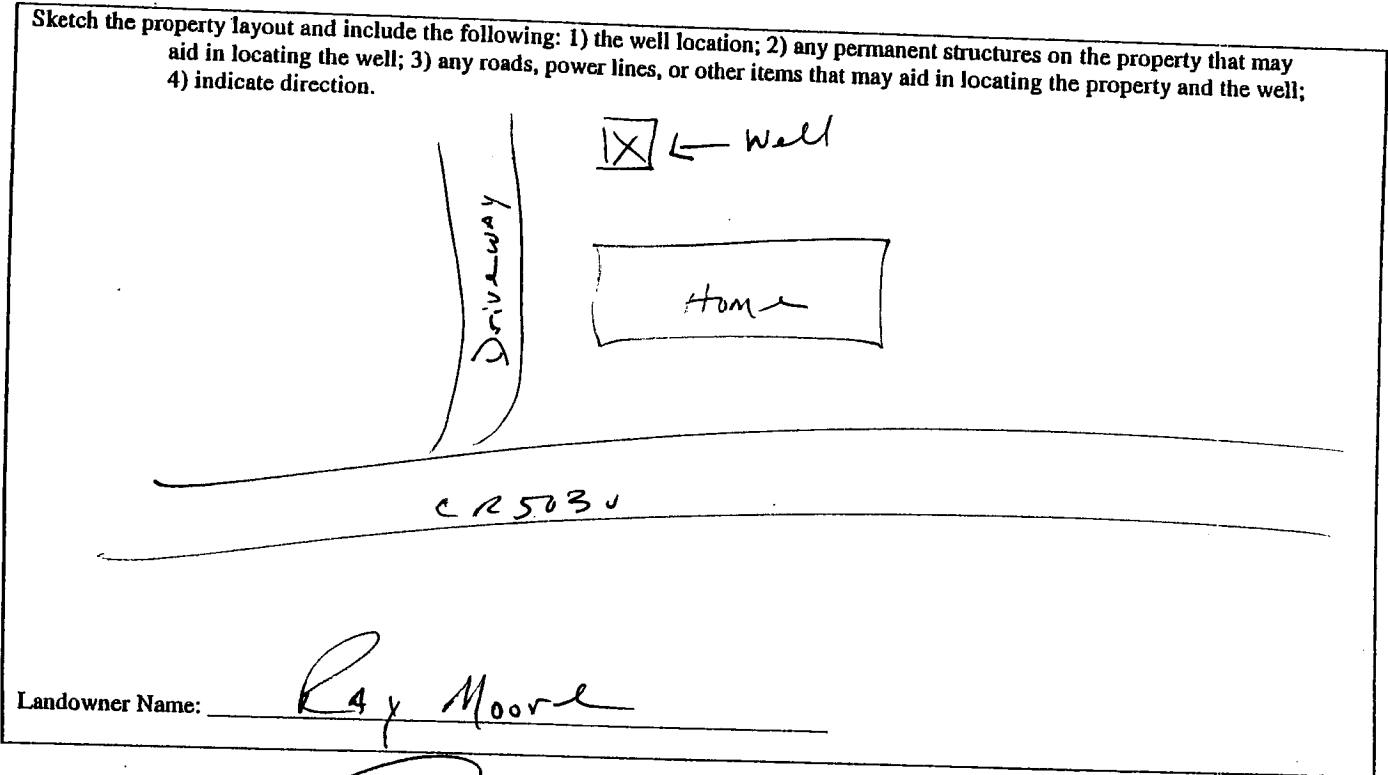
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If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
TOP CLAY	0	20
Blue clay	20	90
CHALK	90	140
Coffee formation	140	180
CHALK	180	300
EGTAW	300	360

If more than one screen, show location of each on sketch



Signature of Water Well Contractor

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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: Prentiss
Permit #: _____
Driller: Leeper Drilling
Date completed: 10-2-08

For Office Use Only:
Aquifer: _____
Well #: J-97
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 Moore
Mailing Address: CR 5031
Wheeler MS 38880
City State Zip Code
Telephone No. (662) 365-3062

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 12 Twn 6 S Rng 6 E
Distance Direction Nearest Town
1/2 Miles E of FRANKSTOWN

Pump Type
Circle one
Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): _____
Date Pump Installed: 10-2-08
Rated Pump Capacity: 12 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: 1 HP
Setting Depth: 140 feet
Number of Stages: 14

Pump Test Data
Date Well Tested: 10-2-08
Static Water Level (A): 90 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

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OCT 31 2008
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