

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-21
L. S. Elevation: _____
E-log #: _____

County: Tippah
Permit #: _____
Driller: Leeper Drilling
Date drilling completed: 4-18-08

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>Tony Godin</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>20 CR 2801</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Blount MS 38610</u>	_____ 1/4 _____ 1/4 Sec <u>22</u> Twn <u>45</u> Rng <u>2E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>663 587-2758</u>	<u>7</u> Miles <u>NW</u> of <u>Blount Mountain</u>

Well Data

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

Date well drilling started: 4-18-08 Date well drilling completed: 4-21-08

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

Static Water Level: 15 feet above or below (circle one) land surface Date measured: 4-22-08

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

Hole depth: 320 ft Well depth: 320 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 240 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 280 feet to 320 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): _____

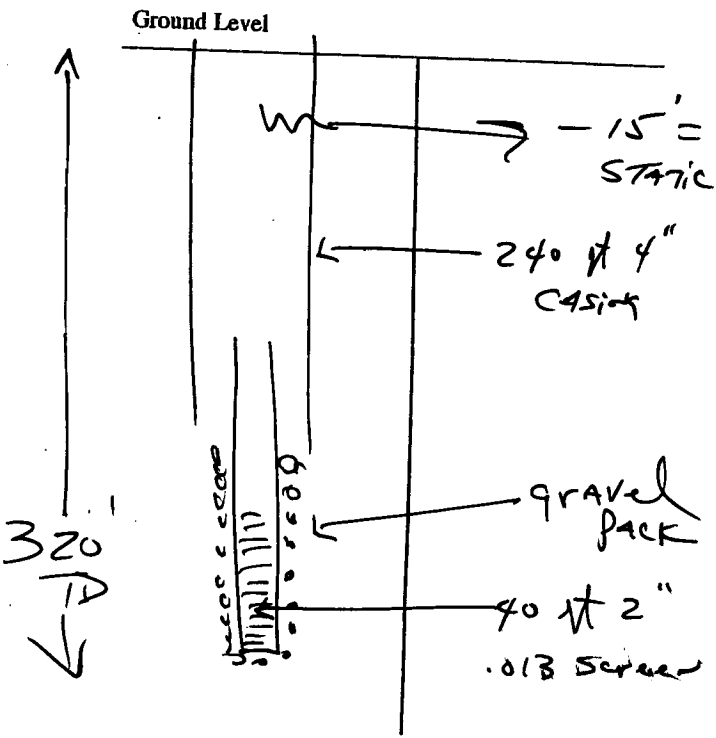
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

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

[Signature]
Signature of Water Well Contractor

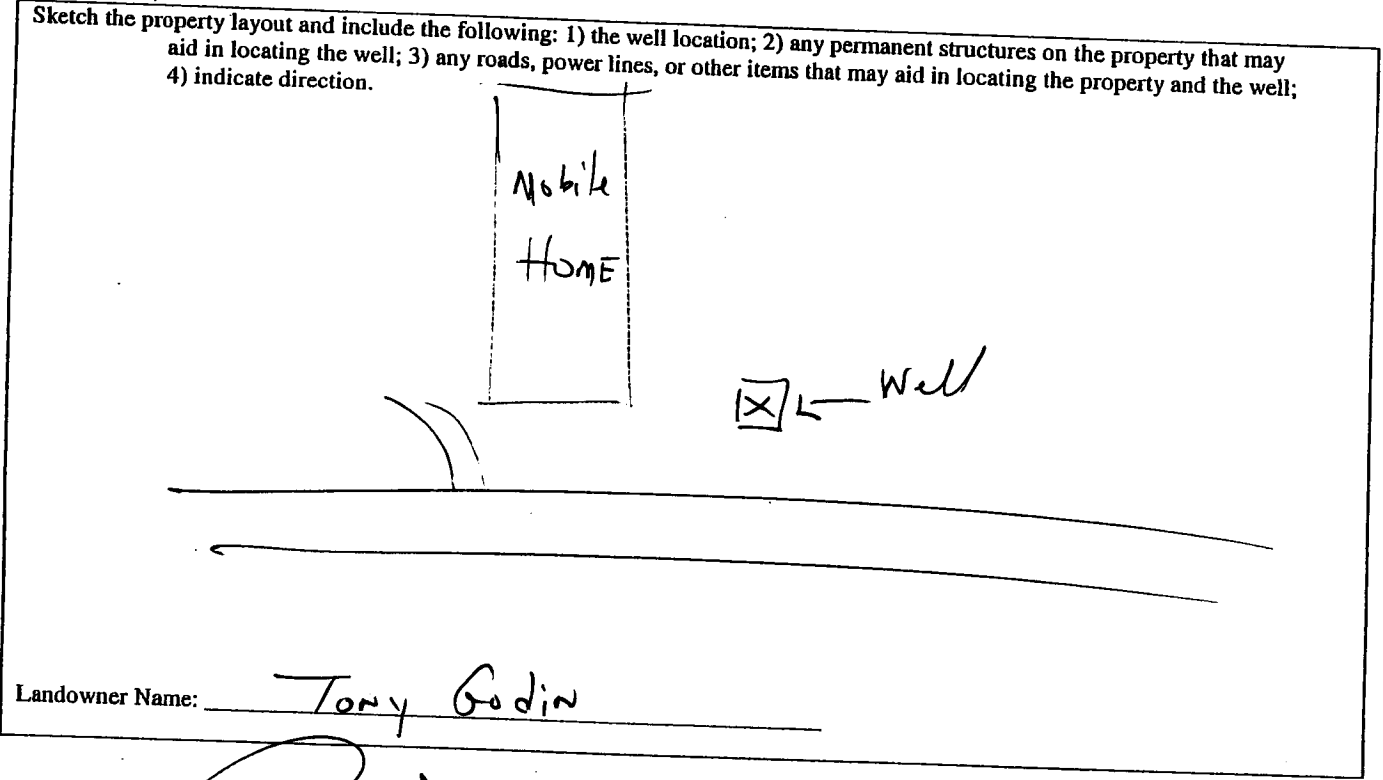
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If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
Top Gumbo	0	20
Blue clay	20	200
Silty clay	200	270
SAND	270	320

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



[Signature]
 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: Tippah
Permit #:
Driller: Leeper Drilling
Date completed: 4-22-08

For Office Use Only:
Aquifer:
Well #: H-21
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>Tony Godin</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>20 CR 801</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Blue Mt MS 38610</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____
Telephone No. <u>662 587-2758</u>	Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Bucket Centrifugal Other (specify): _____ Date Pump Installed: <u>4-21-08</u> Rated Pump Capacity: <u>10</u> Gallons Per Minute	<input checked="" type="radio"/> Submersible <input type="radio"/> Turbine <input type="radio"/> Flowing Well Diesel Engine <input checked="" type="radio"/> Electric Motor Windmill Horse Power Rating of Motor: <u>3/4</u> Setting Depth: <u>80</u> feet Number of Stages: <u>11</u>
<input type="radio"/> Jet <input type="radio"/> Piston <input type="radio"/> Rotary	<input type="radio"/> Gasoline Engine <input type="radio"/> Hand Other (specify): _____
	<input type="radio"/> Natural Gas <input type="radio"/> Tractor PTO

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-21-08</u>	<input type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>15</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 of Pump Installer: [Signature]

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MAY 15 2008
BY: OLWR