

County: Tippah
 Permit #: _____
 Driller: Leeper Drilling
 Date drilling completed: 3-5-10

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: N 62
 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 | | Well Location | |
|--|--|-----------------------------|-----------------------------------|
| Owner Name: <u>Brad Childs</u> | Latitude: <u>34.36.03</u> " | Longitude: <u>89.0.24</u> " | |
| Mailing Address: <u>Hiway 15 South</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS | | |
| City: <u>Blue Mt MS</u> / State: _____ Zip Code: _____ | SW <u>1/4</u> SE <u>1/4</u> Sec <u>32</u> Twn <u>5D</u> Rng <u>3E</u> | | |
| Telephone No. <u>(662) 837-1990</u> | Distance: <u>1/2</u> Miles | Direction: <u>NW</u> | Nearest Town: <u>COTTON PLANT</u> |

Well Data

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

Date well drilling started: 3-5-10 Date well drilling completed: 3-5-10

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

Static Water Level: 40 feet above or below (circle one) land surface Date measured: 3-6-10

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

Hole depth: 150 ft Well depth: 150 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 120 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 25 feet Screen diameter: 2" inches Type of screen: PVC

Screen slot size: .013 inches Setting depth: From 125 feet to 150 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

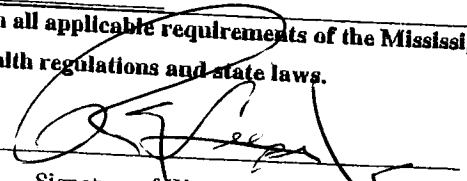
Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page

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.

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


 Signature of Water Well Contractor

RECEIVED
 MAR 20 2010
 MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

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: NG2
Well #: _____
Elevation: _____

County: Tippah
Permit #: _____
Driller: Leaper Drilling
Date completed: 3-6-10

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>Brad Childs</u> | | Latitude: _____ | Longitude: _____ |
| Mailing Address: <u>Hwy 15 South</u> | | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS | |
| <u>Blue Mt MS</u> | | _____ 1/4 _____ 1/4 Sec. <u>32</u> Twn <u>55</u> Rng <u>3E</u> | |
| City _____ State <u>MS</u> Zip Code _____ | | Distance _____ Miles | Direction <u>NW</u> of Nearest Town <u>Cotton Plant</u> |
| Telephone No. <u>(662) 837-1990</u> | | | |

| Pump Type Circle one | | | Power Type Circle one | | |
|---|--------|--------------------|--|------------------------|-------------|
| Air Lift | Jet | <u>Submersible</u> | Diesel Engine | Gasoline Engine | Natural Gas |
| Bucket | Piston | Turbine | Electric Motor | Hand | Tractor PTO |
| Centrifugal | Rotary | Flowing Well | Windmill | Other (specify): _____ | |
| Other (specify): _____ | | | Horse Power Rating of Motor: <u>3/4 HP</u> | | |
| Date Pump Installed: <u>3-6-10</u> | | | Setting Depth: <u>120</u> feet | | |
| Rated Pump Capacity: <u>10</u> Gallons Per Minute | | | Number of Stages: <u>9</u> | | |

| Pump Test Data | | Method of Measuring Water Level Circle one | | |
|---|--|---|-------------------------|-------------------|
| Date Well Tested: <u>3-6-10</u> | | Air Line | Electric Measuring Line | <u>Steel Tape</u> |
| 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.
Leaper Drilling # 0079
Print Name of Pump Installer and License No. (if applicable) _____
Signature of Pump Installer _____

FILED
MAR 10 2010
TIPPAH COUNTY, MISSISSIPPI