

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 #: A-47

L. S. Elevation: _____

E-log #: _____

County: UNION
Permit #: _____
Driller: Leeper Drilling
Date drilling completed: ~~11-18-06~~
11-20-06

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: Richard Little
Mailing Address: 28 Amariah Church Rd
Myrtle MS 38650
City State Zip Code
Telephone No. (662) 534-2546

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 17 Twn 6S Rng 1E

Distance Direction Nearest Town
7 Miles W of Myrtle

Well Data

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

Date well drilling started: 11-18-06 Date well drilling completed: 11-20-06

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

Static Water Level: 130 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 640 ft Well depth: 640 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 430 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 41 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 600 feet to 640 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

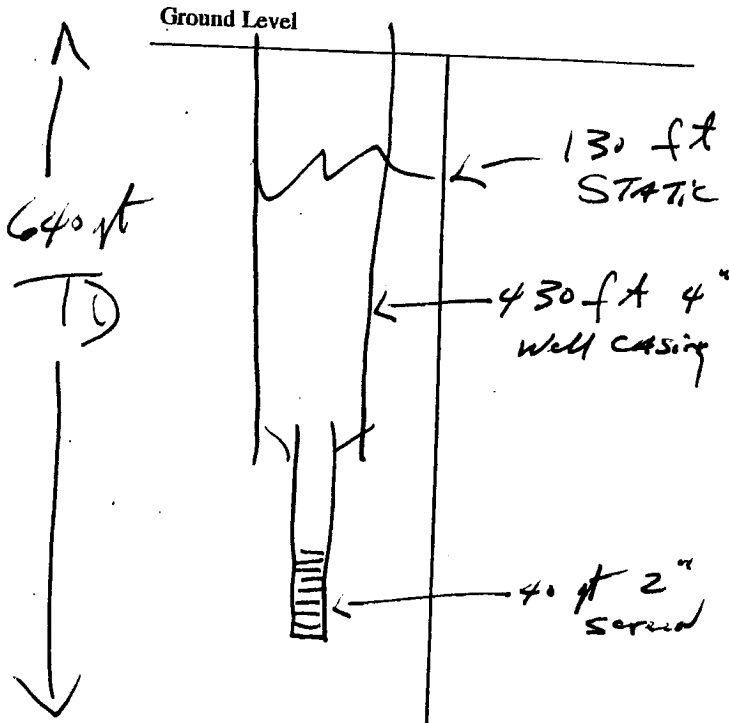
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A-47

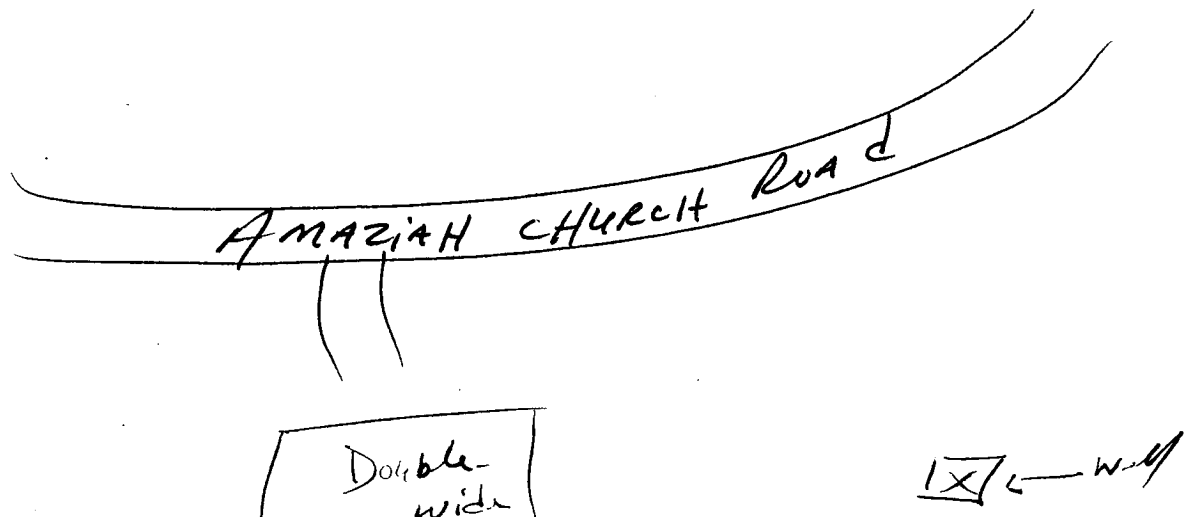
If well telescopes please sketch below and show depths.



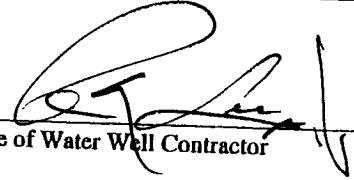
| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| TOP CLAY | 0 | 20 |
| Blue clay and shale | 20 | 420 |
| CHALK | 420 | 600 |
| SAND | 600 | 640 |
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If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Landowner Name: Richard Little


 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: Union
Permit #: _____
Driller: Leeper Drilling
Date completed: 11-20-06

For Office Use Only:
Aquifer: _____
Well #: A-47
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>Richard Little</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>28 Amaziah Church Rd</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Myrtle MS 38650</u> | _____ 1/4 _____ 1/4 Sec <u>17</u> Twn <u>6 S</u> Rng <u>1 E</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>(662) 534-2546</u> | <u>7</u> Miles <u>W</u> of <u>Myrtle</u> |

| Pump Type Circle one | Power Type Circle one |
|---|---|
| Air Lift Jet <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>1 HP</u> |
| Date Pump Installed: _____ | Setting Depth: <u>200</u> feet |
| Rated Pump Capacity: <u>10</u> Gallons Per Minute | Number of Stages: <u>14</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: <u>11-20-06</u> | Air Line Electric Measuring Line <u>Steel Tape</u> |
| Static Water Level (A): <u>130</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 _____

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