

County: Union
 Permit #: _____
 Driller: Leaper Drilling
 Date drilling completed: 7-14-08

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: _____
 Well #: A-48
 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>Vick Hudson</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>12 Hwy 178</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>Myrtle MS 38650</u> City State Zip Code	<u>1/4 1/4 Sec 7 Twn 65 Rng 1E</u>
Telephone No. <u>(662) 316-1927</u>	Distance <u>2</u> Miles Direction <u>NW</u> of Nearest Town <u>Myrtle</u>

Well Data

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

Date well drilling started: 7-10-08 Date well drilling completed: 7-14-08

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

Static Water Level: 100 feet above or below (circle one) land surface Date measured: 7-15-08

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

Hole depth: 430' Well depth: 430' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 300 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 390 feet to 430 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.

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

[Signature]
 Signature of Water Well Contractor

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 AUG 13 2008
 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: Union
Permit #: _____
Driller: Leeper Drilling
Date completed: 7-15-08

For Office Use Only:
Aquifer: _____
Well #: A-48
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>Vick Hudson</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>12 Hwy 178</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Myrtle, MS 38650</u>	<u>1/4</u> <u>1/4</u> Sec <u>7</u> Twn <u>6 S</u> Rng <u>15 E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 316-1927</u>	<u>2</u> Miles <u>NW</u> of <u>Myrtle</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Bucket <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Diesel Engine <input type="checkbox"/> Electric Motor <input type="checkbox"/> Windmill
<input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary	<input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Hand <input type="checkbox"/> Other (specify): _____
<input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Flowing Well	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO
Date Pump Installed: <u>7-15-08</u>	Horse Power Rating of Motor: <u>3/4 HP</u>
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Setting Depth: <u>140</u> feet
	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-15-08</u>	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>100</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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AUG 13 2008
BY: OLWR