

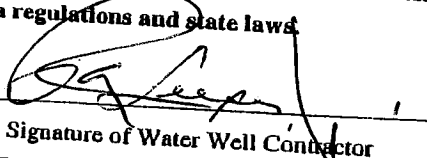
County: Union
 Permit #: _____
 Driller: Leeper Drilling
 Date drilling completed: 9-4-09

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)

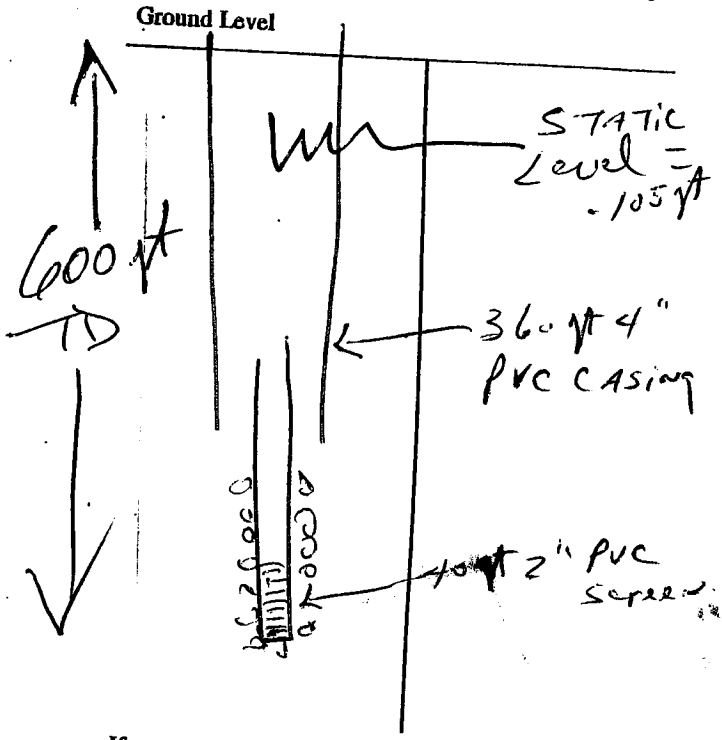
For Office Use Only:
 Aquifer: _____
 Well #: A53
 L. S. Elevation: _____
 E-log #: _____

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>Terry Smith</u>	Latitude: <u>34° 32' 48"</u>	Longitude: <u>89° 12' 45"</u>	
Mailing Address: <u>27 CRT</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS		
<u>Myrtle MS 38650</u>	SE 1/4 NE 1/4 Sec <u>7</u> Twn <u>6S</u> Rng <u>1E</u>		
City: _____ State: _____ Zip Code: _____	Distance: <u>6</u> Miles	Direction: <u>W</u>	Nearest Town: <u>Myrtle</u>
Telephone No. <u>(662) 539-1521</u>			
Well Data			
Purpose of Well (circle one): <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____			
Date well drilling started: <u>8-24-09</u>	Date well drilling completed: <u>9-4-09</u>		
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>105</u> feet above or below (circle one) land surface Date measured: <u>9-5-09</u>			
Method of Measurement (circle one): <u>steel tape</u> electric tape air line other: _____			
Hole depth: <u>600 ft</u>	Well depth: <u>600 ft</u>	Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement Bentonite <u>Mix</u>			
Casing length: <u>360</u> feet	Casing diameter: <u>4"</u> inches	Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet	Screen diameter: <u>2</u> inches	Type of screen: <u>PVC</u>	
Screen slot size: <u>.013</u> inches	Setting depth: From <u>560</u> feet to <u>600</u> feet		
Type of completion (circle all applicable): Gravel packed Underreamed <u>Telescoped</u> 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.			
<u>Leeper Drilling # 0079</u>			
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

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 BY: OLWR

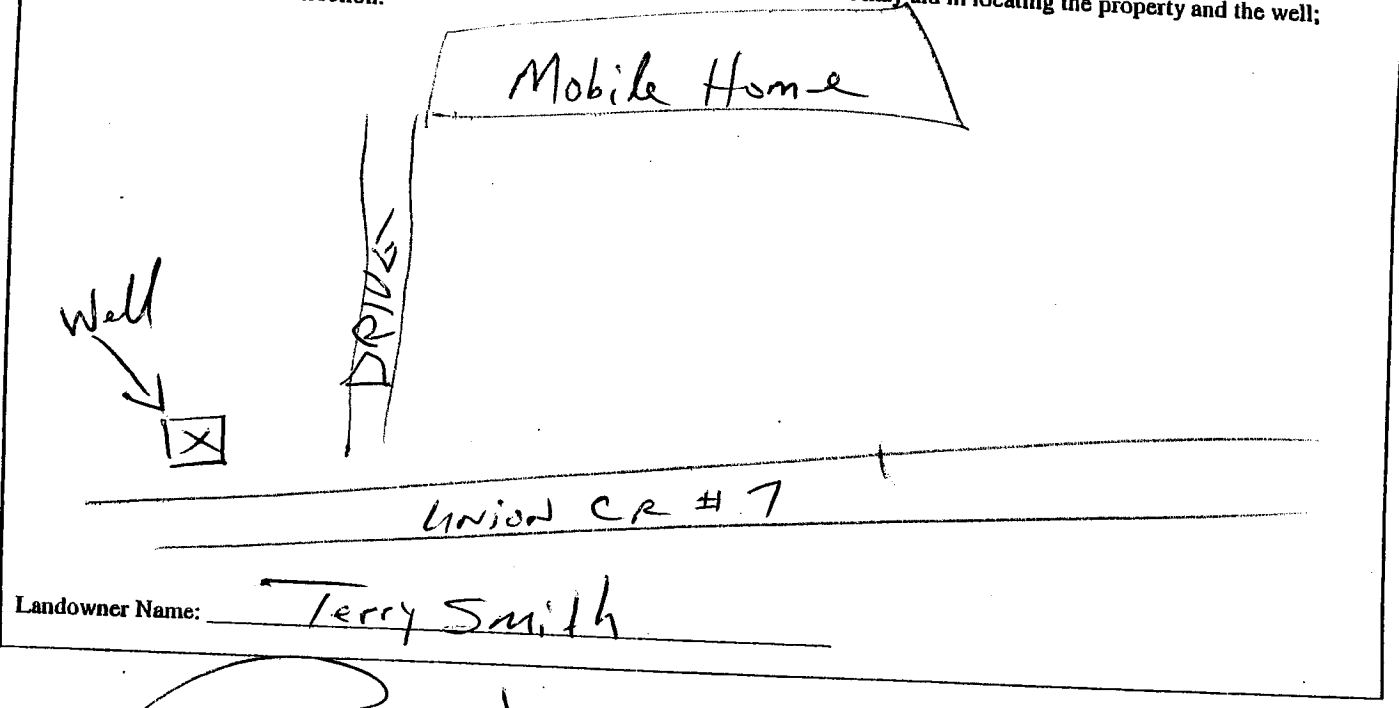
If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
Red clay	0	30
Blue clay	30	350
CHACK	350	550
SAND	550	600

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.



[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)

For Office Use Only:

Aquifer: _____

Well #: A53

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: Terry Smith

Mailing Address: 27 cr 7

Myrtle MS 38650
City State Zip Code

Telephone No. (662) 539-1521

Well Location

Latitude: 34-32-48 Longitude: 89-12-45

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS, Survey-grade GPS

SE 1/4 NE 1/4 Sec 9 Twn 6 S Rng 1 E

Distance Direction Nearest Town

6 Miles W of Myrtle

Pump Type Circle one

Air Lift

Jet

Submersible

Bucket

Piston

Turbine

Centrifugal

Rotary

Flowing Well

Other (specify): _____

Date Pump Installed: 9-5-09

Rated Pump Capacity: 10 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: 160 feet

Number of Stages: 11

Pump Test Data

Date Well Tested: 9-5-09

Static Water Level (A): 105 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]
Signature of Pump Installer

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SEP 18 2009

BY: OLWR