

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 #: B-61
L. S. Elevation: _____
E-log #: _____

County: Union
Permit #: _____
Driller: Leeper Drilling
Date drilling completed: 2/26/08

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

Owner Name: Roberta Ivy
Mailing Address: 809 Sunset Rd
New Albany MS 38652
City State Zip Code
Telephone No. (662) 534-6482

Well Location

Latitude: _____ Longitude: _____
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
____ 1/4 Sec 5 Twn 6S Rng 2E
Distance Direction Nearest Town
3 Miles NW of Myrtle

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 2/25/08 Date well drilling completed: 2/27/08
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 120 feet above or below (circle one) land surface Date measured: 2/28/08
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 500 ft Well depth: 500 ft Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 360 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 460 feet to 500 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.

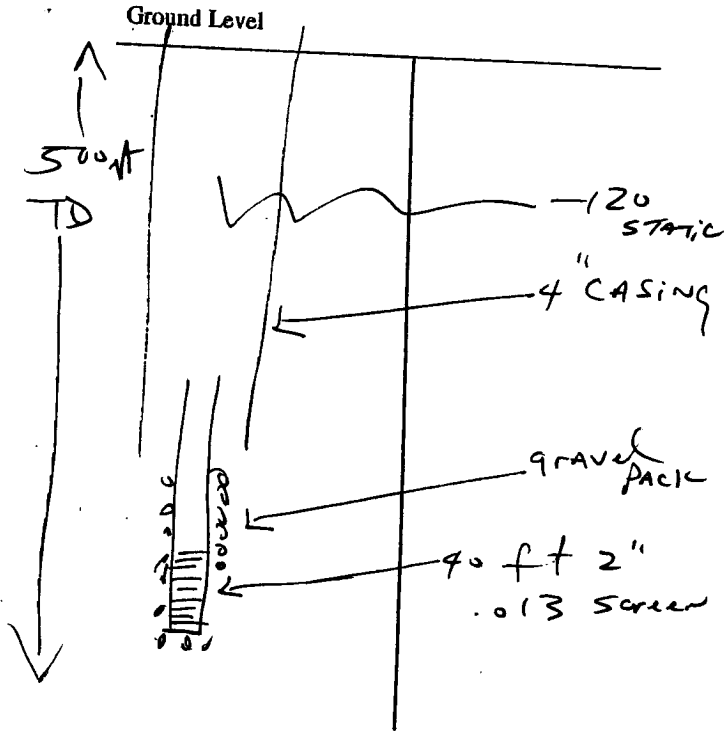
[Signature]
Signature of Water Well Contractor

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MAR 10 2008

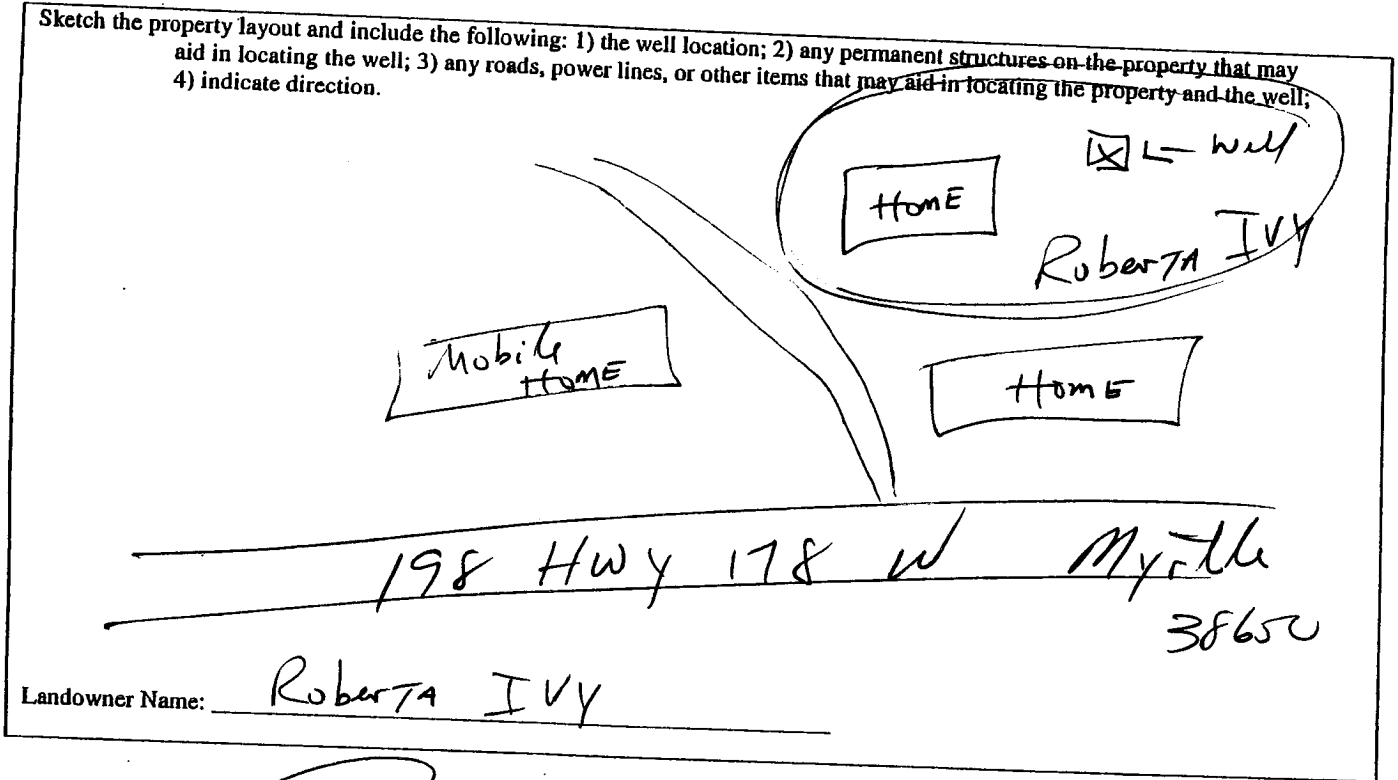
BY: OLWR

If well telescopes please sketch below and show depths.



| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Top Red Clay | 0 | 20 |
| Blue Clay | 20 | 200 |
| CHALK | 200 | 420 |
| Sand + sea Shell (Ripley) | 420 | 500 |
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If more than one screen, show location of each on sketch



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 #: B-61

Elevation: _____

County: Union
 Permit #: _____
 Driller: Leaper Drilling
 Date completed: 2/28/08

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>ROBERTA IUY</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>809 SUNSET RD</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>New Albany MS</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code: <u>38652</u> | <u>1/4</u> <u>1/4</u> Sec <u>5</u> Twn <u>6 S</u> Rng <u>2 W</u> |
| Telephone No. <u>(662) 534-6482</u> | Distance Direction Nearest Town <u>3</u> Miles <u>NW</u> of <u>MYRTLE</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift Jet <input type="radio"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston <input type="radio"/> Turbine | <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary <input type="radio"/> Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>3/4 HP</u> |
| Date Pump Installed: _____ | Setting Depth: <u>160</u> feet |
| Rated Pump Capacity: _____ Gallons Per Minute | Number of Stages: <u>11</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|---|
| Date Well Tested: <u>2/28/08</u> | Air Line Electric Measuring Line <u>Steel Tape</u> |
| Static Water Level (A): <u>120</u> Feet <u>Below</u> 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]
 Signature of Pump Installer

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 BY: OLWR