

County: Union
 Permit #: _____
 Driller: Zeeper Drilling
 Date drilling completed: 8/20/09

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 #: B63
 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
 Owner Name: Jerry Robbins
 Mailing Address: 106 CR 51
Myrtle, MS 38650
 City State Zip Code
 Telephone No. (663) 588-2884

Well Location
 Latitude: 34° 31' 40" Longitude: 89° 07' 24"
 Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
SE 1/4 SE 1/4 Sec 30 Twn 6S Rng 2E
 Distance 2 Miles Direction South of Nearest Town Myrtle

Well Data
 Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: _____
 Date well drilling started: July 27, '09 Date well drilling completed: Aug 20, '09
 If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 8-21-09

Method of Measurement (circle one): steel tape electric tape air line other: _____
 Hole depth: 400 ft Well depth: 400 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix
 Casing length: 260 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 360 feet to 400 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: _____

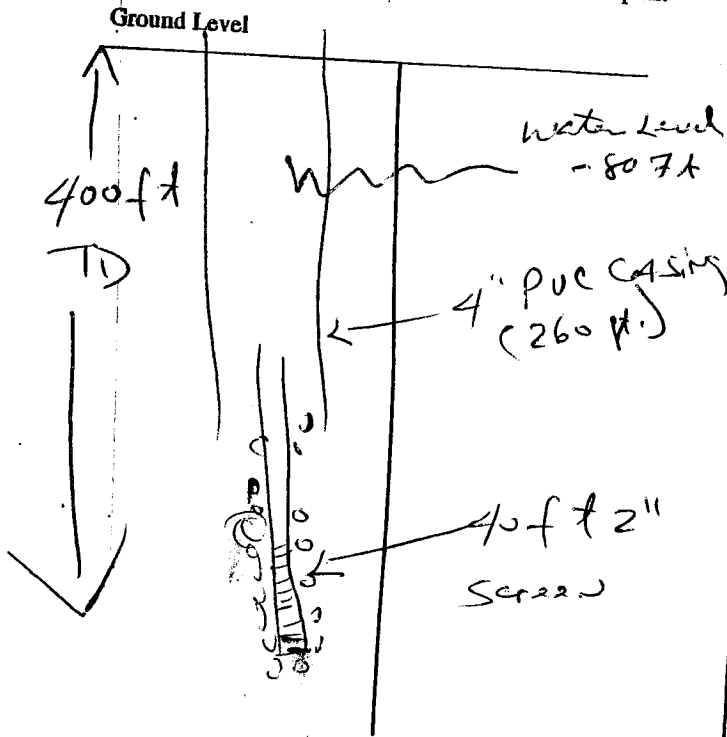
Name of organization running log(s): _____
 I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

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

[Signature]
 Signature of Water Well Contractor

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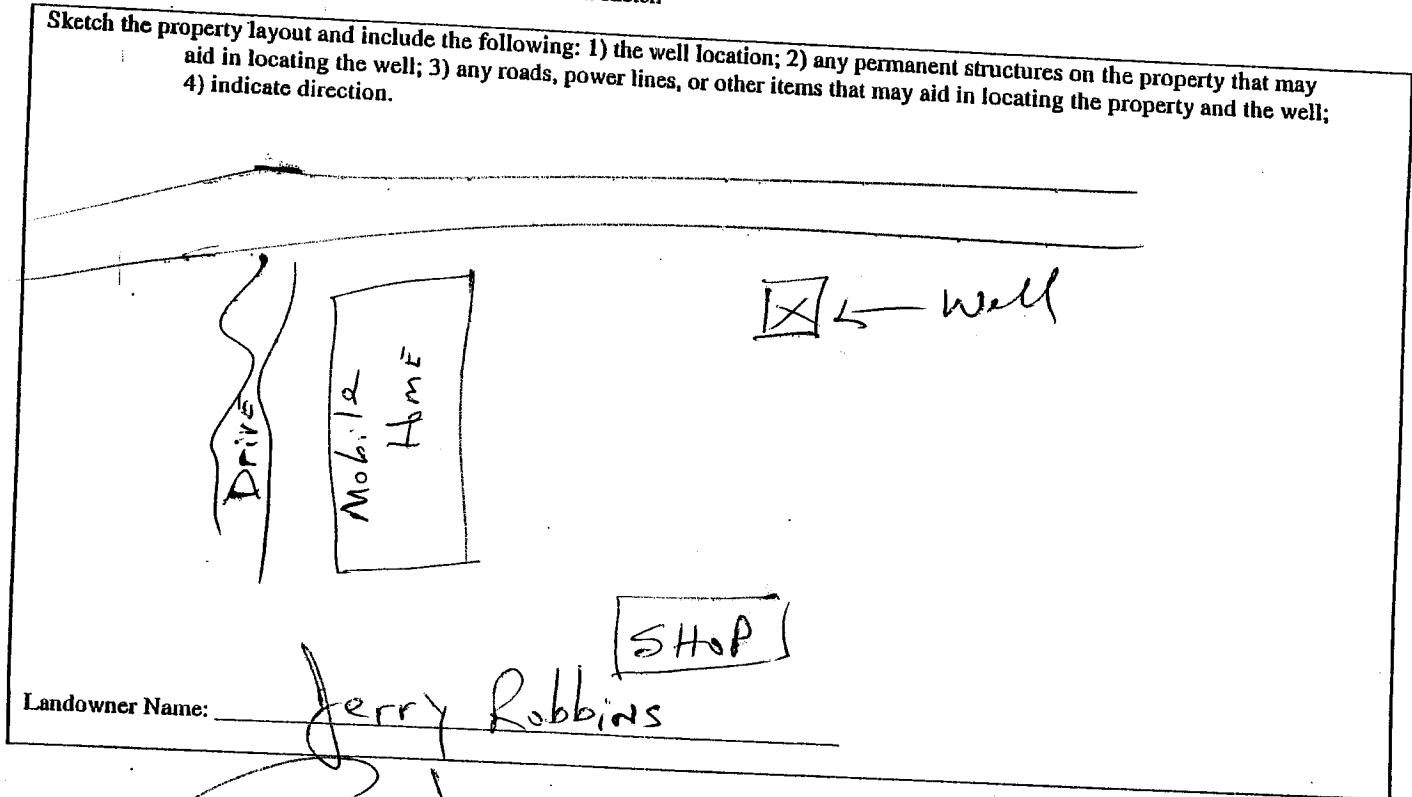
If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
Gumbo clay	0	30
Blue clay	30	250
CHALK	250	350
SAND	350	400

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: Jerry Robbins

[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 #: B63

Elevation: _____

County: Union
Permit #: _____
Driller: Leeper Drilling
Date completed: 8-21-09

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: Jerry Robbins
Mailing Address: 106 CR 51
Myrtle MS 38650
City State Zip Code
Telephone No. 662 988-2884

Well Location

Latitude: 34-31-40 Longitude: 89-07-24
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
SE 1/4 SE 1/4 Sec 30 Twn 65 Rng 2E
Distance Direction Nearest Town
2 Miles S of Myrtle

Pump Type

Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 8-21-09

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: 3/4 HP

Setting Depth: 125 feet

Number of Stages: 11

Pump Test Data

Date Well Tested: 8-21-09
Static Water Level (A): 80 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.

Print Name of Pump Installer and License No. (if applicable)
Leeper Drilling # 0079

Signature of Pump Installer
[Signature]

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SEP 18 2009

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