

County: Union
 Permit #: _____
 Driller: Leaper Drilling
 Date drilling completed: 12-5-09

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: B64
 Well #: _____
 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>Ricky FOTNER</u>	Latitude: <u>34.30.54"</u> Longitude: <u>89.05.01"</u>
Mailing Address: <u>16 CR 14</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Myrtle, MS 38650</u> City State Zip Code	<u>SE 1/4 SW 1/4 Sec 34 Twn 65 Rng 2E</u>
Telephone No. <u>(662) 419-8811</u>	Distance <u>7</u> Miles Direction <u>NW</u> of Nearest Town <u>New Albany</u>

Well Data

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

Date well drilling started: 11-27-09 Date well drilling completed: 12-5-09

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

Static Water Level: 100 feet above or below (circle one) land surface Date measured: 12-7-09

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

Hole depth: 450 ft Well depth: 450 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 330 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 410 feet to 450 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

RECEIVED
 DEC 16 2009
 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)

For Office Use Only:

Aquifer: B64
Well #: _____
Elevation: _____

County: Union

Permit #: _____

Driller: Leeper Drilling

Date completed: 12-7-09

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: Ricky FOTNER

Mailing Address: 16 CR 14

Myrtle MS 38652
City / State Zip Code

Telephone No. (419) 419-8811

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 34 Twn 65 Rng 2E

Distance _____ Direction _____ Nearest Town _____
7 Miles NW of New Albany

Pump Type Circle one

Air Lift: Jet Submersible
Bucket: Piston Turbine
Centrifugal: Rotary Flowing Well

Other (specify): _____

Date Pump Installed: _____

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: 160 feet

Number of Stages: 8

Pump Test Data

Date Well Tested: 12-7-09

Static Water Level (A): 160 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

RELEASED

DEC 15 2009

BY: NWR