

# 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 #: Ø-43  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

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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>Rex CHism</u>	Latitude: _____ ° _____ ' _____ " Longitude: _____ ° _____ ' _____ "	Mailing Address: <u>9171 Hiway 178</u> <u>Hickory Flat, MS 38633</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	Distance: _____ Miles Direction: _____ Nearest Town: _____	Telephone No. (____) _____	_____ 1/4 _____ 1/4 Sec <u>36</u> Twn <u>55</u> Rng <u>1E</u>
Well Data			
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____			
Date well drilling started: <u>OCT '04</u> Date well drilling completed: <u>OCT '04</u>			
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>16.5</u> feet above of below (circle one) land surface Date measured: <u>OCT '04</u>			
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____			
Hole depth: <u>560</u> Well depth: <u>560</u> Well grouted to a depth of <u>10</u> feet			
Type of grout (circle one): Cement Bentonite <u>Mix</u>			
Casing length: <u>260</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>1008</u> inches Setting depth: From <u>520</u> feet to <u>540</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>		<u>[Signature]</u>	
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

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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: \_\_\_\_\_  
 Well #: Ø-43  
 Elevation: \_\_\_\_\_

County: Benton  
 Permit #: \_\_\_\_\_  
 Driller: Leeper Drilling  
 Date completed: OCT '04

**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>Rex chism</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>9171 Hiway 178</u> <u>Hickory Flat, MS 38633</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	_____ ¼ _____ ¼ Sec <u>36</u> Twn <u>55</u> Rng <u>1E</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	<u>3</u> Miles <u>E</u> of <u>Hickory Flat</u>

Pump Type Circle one	Power Type Circle one
Air Lift                      Jet <u>Submersible</u>	Diesel Engine              Gasoline Engine              Natural Gas
Bucket                      Piston                      Turbine	<u>Electric Motor</u> Hand                      Tractor PTO
Centrifugal                  Rotary                      Flowing Well	Windmill                      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4 HP</u>
Date Pump Installed: <u>OCT '04</u>	Setting Depth: <u>210</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line              Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>165</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.

LEEPER Drilling 0079                      [Signature]  
 Print Name of Pump Installer and License No. (if applicable)              Signature of Pump Installer

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