

# 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 #: Q-49  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Benton  
Permit #: \_\_\_\_\_  
Driller: Leeper Drilling  
Date drilling completed: 1-24-08

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	Well Location
Owner Name: <u>Doy 9143 White</u> <del>David</del>	Latitude: _____ Longitude: _____
Mailing Address: <u>Massengill Road</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>Hickory Flat MS</u> City State Zip Code	<u>1/4 1/4 Sec 1 Twn 55 Rng 1E</u>
Telephone No. <u>(662) 422-2624</u>	Distance Direction Nearest Town <u>5 Miles N of Hickory Flat</u>

### Well Data

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

Date well drilling started: 1-19-08 Date well drilling completed: 1-24-08

If flowing, method of flow regulation: Valve  Other (describe) \_\_\_\_\_

Static Water Level: 100 feet above or  below (circle one) land surface Date measured: 1-25-08

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

Hole depth: 560 ft Well depth: 560 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement  Bentonite  Mix

Casing length: 410 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 2" inches Type of screen: PVC

Screen slot size: .013 inches Setting depth: From 550 feet to 560 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 of Water Well Contractor

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FEB 04 2008

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)

County: Benton  
 Permit #: Leeper Drilling  
 Driller: ~~DAVID CO~~  
 Date completed: 1-25-08

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: Q-49  
 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	Well Location
Owner Name: <u>Doug White</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Massengill Road</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Hickory Flat MS 38633</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ 1 Twn <u>SS</u> Rng <u>1E</u>
Telephone No. <u>(662) 422-2624</u>	Distance Direction Nearest Town <u>5</u> Miles <u>N</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>1 HP</u>
Date Pump Installed: <u>1-25-08</u>	Setting Depth: <u>160</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-25-08</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>100</u> Feet Below 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.

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

[Signature]  
 Signature of Pump Installer

RECEIVED

FEB 04 2008

BY: OLWR