	1 State V	Vell Report			
County: ChickAsaw	F	Part 1	For Office Use Only:		
Permit #:	Mississippi Departmen	ent of Environmental Quality	Aquifer:		
Driller: Leeper Drilling	Office of Land	and Water Resources	Well #: K- 50		
		Box 10631 MS 39289-0631			
Date drilling completed:/o ~/o ~ o 6	(601))961-5210	L. S. Elevation:		
		54-6938 (fax)	E-log #:		
State Law requires that this repo 30 days of completion of drilling	ort be prepared by the	e driller in detail and filed w	ith the Department within		
30 days of completion of drilling Well Owner Informa					
Owner Name ONEAL RAE		Well	Location		
		Latitude:	" Longitude:"		
Mailing Address: 1/68 Hiway 8 E947		Method of Lat/Long (circle one): Conventional Survey,			
/1/ > 4		USGS quad, Hand-held	GPS, Survey-grade GPS		
t tous tow Ms	3 3 8 5 1		Twn 145 Rng 3 &		
City State					
Telephone No. 662, 456 - 5843 Distance Direction Nearest Town Miles Ensor of Hugs How					
	Well D	Data			
Purpose of Well (circle one) Home Indu	strial Public Supply	Irrigation Fish Culture	Other:		
Date well drilling started: /0 - 10-	- 0 C Date v	well drilling completed:	-10-06		
If flowing, method of flow regulation: Valve	ve Other (de	escribe)			
Static Water Level: 75 feet abo	ove of below (circle one) la	and surface Date measured:	10-11-06		
Method of Measurement (circle one) stee	el tape electric tape	air line other:			
Hole depth: //u ft. Well depth	h: 140 f T.	Well grouted to a depth of	/Ofeet		
Type of grout (circle one): Cement	Bentonite Mix				
Casing length: /20 feet Casing	diameter: 4"	_inches Type of casing:	PVc		
Screen length: 20 feet Screen	i diameter:	_inches Type of screen:	PVC		
Screen slot size:inches	Setting depth: From	120 feet to 140	fact		
Type of completion (circle all applicable):	Gravel packed Underre	amed Telescoped Open ho	ole Natural Development		
Other (describe):					
Top of lap pipe or reduction in casing:	feet. If tele	scoped or more than one screen	a describe on healt of		
<u>.</u>		The second second second	i, describe on back of page		

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:

Leeper Drilling #0079

Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

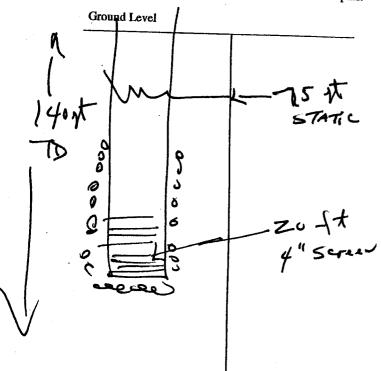
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi

Name of organization running log(s):

Print Name of Water Well Contractor and License No.

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Signature of Water Well Contractor



Description of Formations Encountered	From	То
1. P bymbo	9	20
Blueclay	20	40
CHAIR	40	120
SAND	120	140
	-	

If more than one screen, show location of each on sketch

333.01	
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.	
Himay & EAST of Houston	
≥ L-well	
Home	
Landowner Name: O'Neal Rac	

Signature of Water Well Contractor

RECEIVED

06 | 2 4 2006

SY TEMP

STATE WELL REPORT

"hickasaw 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 #: _K-50		

Date completed: This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the Well Owner Information Well Location Owner Name: D'NEAL RAL __ Longitude:__ 1168 Hiway 8 EAST Mailing Address: Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS Hous 70 N Ms 38654
City State Zip Code 14 14 Sec 15 Twn 14 5 Rng 3 5 Distance Direction Nearest Town Telephone No. (456) 456 - 5843 3 Miles EAST of Houston Pump Type Power Type Circle one Circle one Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Gas Bucket Piston **Turbine** Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify): ___ Other (specify): ____ Horse Power Rating of Motor: ____ 3/4 HP Date Pump Installed: 10-11-0 4 // O_____feet Setting Depth: Number of Stages: ____ / (**Pump Test Data** Method of Measuring Water Level Date Well Tested: /o/10 0 Circle one Static Water Level (A): 75 Feet/Below Land Surface Air Line Electric Measuring Line Steel Tape Other (specify): ___ Pumping Water Level (B): _____Feet Below Land Surface Drawdown [(B) - (A)]: _____Feet Below Land Surface

Į	hours hours	feet after	hours of pumping
l	I HEREBY CERTIFY that the above statements are true to the best of Leper Drilling # 0079 Print Name of Pump Installer and License No. (if applicable)	f my knowledge. Signature of Pamp Installer	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

Test Pumping Rate: ______Gallons Per Minute

Duration of Pump Test (minimum 4 hours): _____hours

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For flowing well, measured shut in head: _____feet

Well yielded _____GPM with a drawdown of

OCT 2.4 2008

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