

*Greer*

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)

Aquifer: \_\_\_\_\_  
Well #: P-75  
L. S. Elevation: \_\_\_\_\_  
B-log #: \_\_\_\_\_

Permit #: \_\_\_\_\_  
Driller: Mike Woods  
Date drilling completed: 9-1-06

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>Rev M E Leavelle</u>	Latitude: <u>31.09.64<sup>N</sup></u> Longitude: <u>088.33.98<sup>W</sup></u>
Mailing Address: <u>1218 Hwy 63N</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Seabrook Ms 39451</u>	USGS quad, Hand-held GPS, Survey-grade GPS /
City State Zip Code	<u>NW 1/4 SW 1/4 Sec 2</u> <u>Twn T2N Rng R6W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>0</u> Miles <u>NW</u> of <u>Seabrook</u>

Well Data

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

Date well drilling started: 8-4-06 Date well drilling completed: 9-1-06

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

Static Water Level: 65 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Pole depth: 200 Well depth: 200 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 190 feet Casing diameter: 2 inches Type of casing: PVC 40

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC wrapped

Screen slot size: 8 inches Setting depth: From 190 feet to 200 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): \_\_\_\_\_

Top of log 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.

Michael R Fry Fogel 0408  
Print Name of Water Well Contractor and License No.

Michael R Fry Fogel  
Signature of Water Well Contractor

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P-75

If well telescopes please sketch below and show depths.

Ground Level

Large empty rectangular box for well telescopes or other sketches, with a horizontal line at the top representing the ground level.

Description of Formations Encountered	From	To
sand	0	32
Blue Clay	32	120
silt	120	135
Clay	135	175
fine sand	175	183
sand	183	200

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: Rev M. Leod

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*Michael R. Fry*  
Signature of Water Well Contractor

# STATE WELL REPORT

## Part 2

Pump Installer's Completion Report  
Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 10691  
Jackson, MS 39288-0631  
(601)961-5210  
(601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: P-75

Elevation: \_\_\_\_\_

County: Greene  
 Permit #: \_\_\_\_\_  
 Driller: Michael Wood  
 Date completed: 9-15-06

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: Rex M. Wood  
 Mailing Address: 1218 Hwy 63N  
Leaksville, Ms 39451  
City State Zip Code  
 Telephone No. ( ) \_\_\_\_\_

**Well Location**

Latitude: 31 09 647N Longitude: 088 33 957W  
 Method of Lat/Long (circle one): Conventional Survey,  
 USGS quad, Hand-held GPS, Survey-grade GPS  
 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Sec 2 Twp T2N Rng R6W  
 Distance Direction Nearest Town  
0 Miles NW of Leaksville

**Pump Type**  
Circle one

Air Lift  Jet  Submersible  
 Bucket  Piston  Turbine  
 Centrifugal  Rotary  Flowing Well  
 Other (specify): \_\_\_\_\_  
 Date Pump Installed: 9-15-06  
 Rated Pump Capacity: 8-12 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: 1  
 Setting Depth: 90 feet  
 Number of Stages: 2

**Pump Test Data**

Date Well Tested: \_\_\_\_\_  
 Static Water Level (A): 65 Feet Below Land Surface  
 Pumping Water Level (B): 75 Feet Below Land Surface  
 Drawdown [(B) - (A)]: 10 Feet Below Land Surface  
 Test Pumping Rate: 7 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 7 GPM with a drawdown of  
10 feet after 1 1/2 hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Michael R Fry Fogle 0408  
 Print Name of Pump Installer and License No. (if applicable)

Michael R Fry Fogle  
 Signature of Pump Installer

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