

County: Itawamba  
 Permit #: \_\_\_\_\_  
 Driller: Leeper Drilling  
 Date drilling completed: 7-30-10

# 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: 688  
 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>Charles Riley</u>		Latitude: <u>34.15.40</u>	Longitude: <u>88.27.10</u>
Mailing Address: <u>164 CR 363</u>		Method of Lat/Long (circle one): <u>Conventional Survey</u>	
<u>Mantachie MS 38855</u>		USGS quad, Hand-held GPS, Survey-grade GPS	
City: _____ State: _____ Zip Code: _____		<u>NW 1/4 NW 1/4 Sec 34 Twn 95 Rng 8E</u>	
Telephone No. <u>(602) 49-1856</u>		Distance: <u>3</u> Miles	Direction: <u>W</u> of Nearest Town: <u>Fulton</u>

### Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
 Date well drilling started: 7-30-10 Date well drilling completed: 7-30-10  
 If flowing; method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
 Static Water Level: 30 feet above or below (circle one) land surface Date measured: 7-31-10  
 Method of Measurement (circle one): steel tape electric tape air line other: \_\_\_\_\_  
 Hole depth: 108 ft Well depth: 108 ft Well grouted to a depth of 10 feet  
 Type of grout (circle one): Cement Bentonite Mix  
 Casing length: 88 feet Casing diameter: 4" inches Type of casing: Pvc  
 Screen length: 20 feet Screen diameter: 4" inches Type of screen: Pvc  
 Screen slot size: .013 inches Setting depth: From 88 feet to 108 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]  
 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)

County: Itawamba  
Permit #: \_\_\_\_\_  
Driller: Leaper Well  
Date completed: 7-31-10

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: \_\_\_\_\_  
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>Charles Riley</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>15 S HWY 363</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Fulton MS</u>	_____ 1/4 _____ 1/4 Sec <u>34</u> Twn <u>95</u> Rng <u>8E</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>(662) 419-1856</u>	<u>3</u> Miles <u>W</u> of <u>Fulton</u>

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ <u>Submersible</u>	<u>Diesel Engine</u> 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>7-31-10</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-31-10</u>	Air Line _____ Electric Measuring Line _____ <u>Steel Tape</u>
Static Water Level (A): <u>30</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.

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

[Signature]  
Signature of Pump Installer

RECEIVED  
AUG 16 2010  
BY: OLWR