

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 #: A-51
L. S. Elevation: _____
E-log #: _____

County: Lafayette
Permit #: _____
Driller: Leeper Drilling
Date drilling completed: 3-17-06

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>Scott Franklin - Contractor</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>594 CR 102</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| City: <u>Oxford MS</u> State: <u>MS</u> Zip Code: <u>38655</u> | _____ 1/4 _____ 1/4 Sec <u>26</u> Twn <u>75</u> Rng <u>4W</u> |
| Telephone No. (<u>662</u>) <u>832-4705</u> | Distance _____ Miles Direction <u>NW</u> of Nearest Town <u>Oxford</u> |

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 3-17-06 Date well drilling completed: 3-17-06
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 57 feet above or below (circle one) land surface Date measured: 3-18-06
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 160 ft Well depth: 160 ft Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 145 feet Casing diameter: 4" inches Type of casing: PVC
Screen length: 15 feet Screen diameter: 4" inches Type of screen: PVC
Screen slot size: 0/10 inches Setting depth: From 145 feet to 160 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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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 #: A-51

Elevation: _____

County: Lafayette

Permit #: _____

Driller: Leeper Drilling

Date completed: 3-18-06

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: Scott Franklin - Contractor

Mailing Address: 594 CR 102

Oxford MS 38655
City State Zip Code

Telephone No. (662) 832-4705

Well Location

Latitude: _____ Longitude: _____

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS, Survey-grade GPS

_____ 1/4 _____ 1/4 Sec 26 Twn 7S Rng 4W

Distance Direction Nearest Town

6 Miles NW of OXFORD

Pump Type Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 3-18-06

Rated Pump Capacity: 10 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 HP

Setting Depth: 120 feet

Number of Stages: 14

Pump Test Data

Date Well Tested: 3-18-06

Static Water Level (A): 57 Feet Below Land Surface

Pumping Water Level (B): _____ Feet Below Land Surface

Drawdown [(B) - (A)]: _____ Feet Below Land Surface

Test Pumping Rate: _____ 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 _____ GPM with a drawdown of

_____ feet after _____ hours of pumping

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

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

[Signature]
Signature of Pump Installer

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APR 17 2006

BY: OLWR

