

# 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: \_\_\_\_\_  
Well #: A-53  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Lafayette  
Permit #: \_\_\_\_\_  
Driller: Leeper Drilling  
Date drilling completed: 4-20-06

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>MRS Franklin</u>	Latitude: _____ " Longitude: _____ "
Mailing Address: <u>620 CR 102</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Oxford MS 38655</u> City State Zip Code	____ 1/4 ____ 1/4 Sec <u>22</u> Twn <u>7S</u> Rng <u>4W</u>
Telephone No. <u>(662) 832-4705</u>	Distance Direction Nearest Town <u>5</u> Miles <u>NW</u> of <u>Oxford</u>

**Well Data**

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

Date well drilling started: 4-20-06 Date well drilling completed: 4-20-06

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

Static Water Level: 57 feet above or below (circle one) land surface Date measured: 4-21-06

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

Hole depth: 155 ft Well depth: 155 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 140 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 15 feet Screen diameter: 1" inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 140 feet to 155 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 [Signature]

# 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-53  
 Elevation: \_\_\_\_\_

County: Lafayette  
 Permit #: \_\_\_\_\_  
 Driller: Leeper Drilling  
 Date completed: 4-21-06

**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	Well Location
Owner Name: <u>Mrs Franklin</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>620 CR 102</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Oxford, MS 38655</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>22</u> Twn <u>7S</u> Rng <u>4W</u>
Telephone No. <u>(662) 832-4705</u>	Distance Direction Nearest Town <u>5</u> Miles <u>NW</u> of <u>Oxford</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>4-21-06</u>	Setting Depth: <u>100</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>4-21-06</u>	Air Line Electric Measuring Line <u>Steel Tape</u> <input checked="" type="radio"/>
Static Water Level (A): <u>57</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	

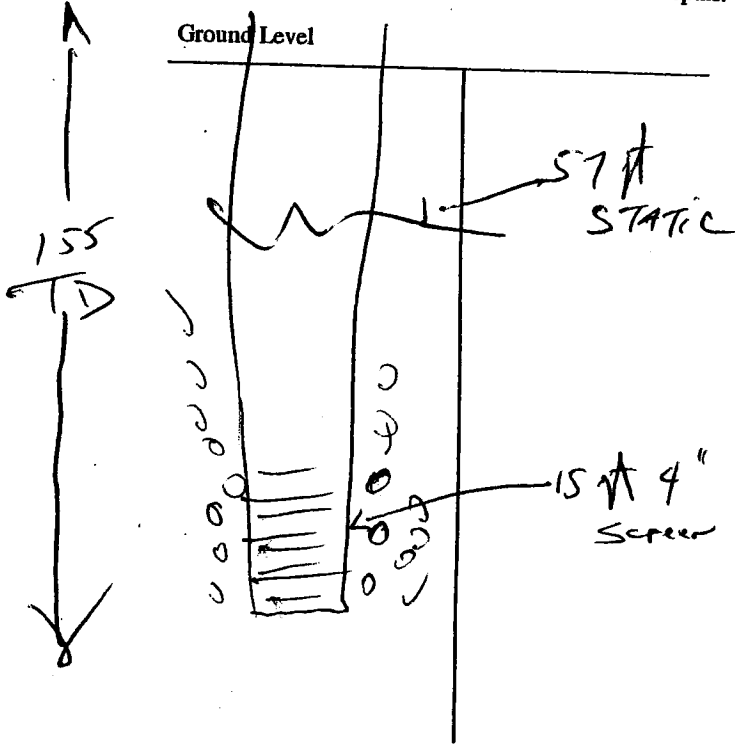
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

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

[Signature]  
 Signature of Pump Installer

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 BY OLWR

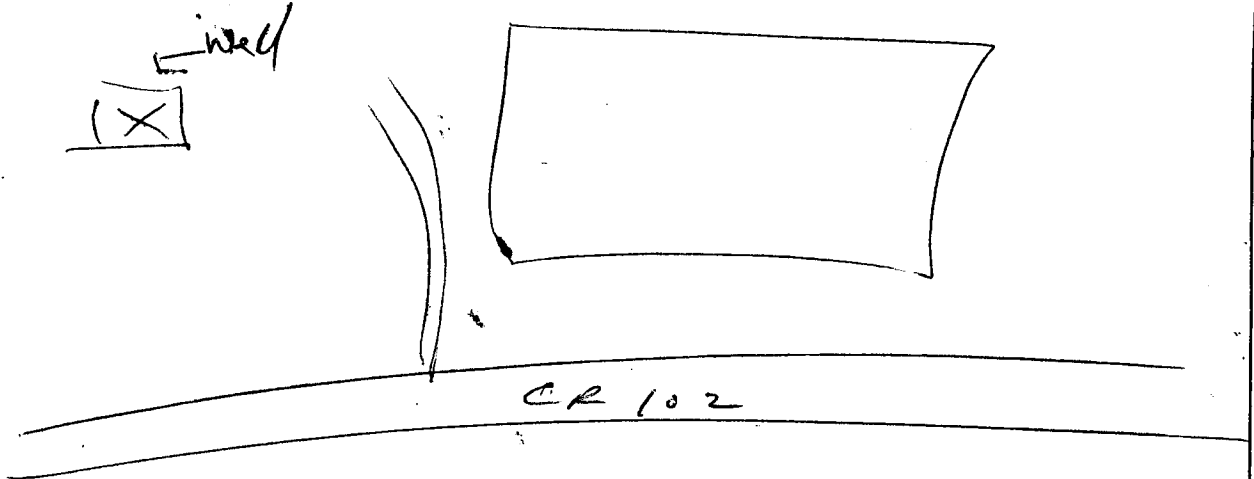
If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
TOP CLAY	0	20
Brown Sand	20	40
WHITE SAND	40	155

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: Mrs Franklin

Signature of Water Well Contractor [Handwritten Signature]

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