

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-61
L. S. Elevation: _____
E-log #: _____

County: Lafayette
Permit #: _____
Driller: Leeper Drilling
Date drilling completed: 4-19-07

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

Owner Name: WestBrook Construction
Mailing Address: Lot # 1 Rikard S/D
P.O. Box 993
Oxford, MS 38655
City State Zip Code
Telephone No. (662) 234-1011

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 35 Twn 7S Rng 4W
Distance Direction Nearest Town
7 Miles NW of Oxford

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 4-19-07 Date well drilling completed: 4-19-07
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 90 feet above or below (circle one) land surface Date measured: 4-20-07
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 220 ft Well depth: 220 ft Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 200 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: .010 inches Setting depth: From _____ feet to _____ 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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MAY 15 2007

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-61
Elevation: _____

County: Lafayette
Permit #: _____
Driller: Leeper Drilling
Date completed: 4-20-07

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>Westbrook Construction</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Lot # 1 Rikard S/D</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>P.O. Box 993</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Oxford MS 38655</u>	_____ 1/4 _____ 1/4 Sec <u>35</u> Twn <u>7S</u> Rng <u>4W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>(662) 234-1011</u>	<u>7</u> Miles <u>NW</u> of <u>Oxford</u>

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ Submersible <u>(circled)</u>	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket _____ Piston _____ Turbine _____	<u>Electric Motor (circled)</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>4-20-07</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-20-07</u>	Air Line _____ Electric Measuring Line _____ <u>Steel Tape (circled)</u>
Static Water Level (A): <u>90</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.
Leeper Drilling #0079
Print Name of Pump Installer and License No. (if applicable) _____
Signature of Pump Installer [Signature]

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MAY 15 2007
BY: OLWR