

County: Lafayette
 Permit #: _____
 Driller: Leeper Drilling
 Date drilling completed: 2-9-09

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-68
 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>Kew Bolton</u>	Latitude: _____ " Longitude: _____ "	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
Mailing Address: <u>17 C 12 143</u> <u>Oxford, MS 38655</u>	City: _____ State: _____ Zip Code: _____	USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>35</u> Twn <u>7S</u> Rng <u>4W</u>	
Telephone No. <u>(662) 419-1877</u>	Distance: <u>6</u> Miles Direction: <u>NW</u> of Nearest Town: <u>Oxford</u>		
Well Data			
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____			
Date well drilling started: <u>2-9-09</u>		Date well drilling completed: <u>2-9-09</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>90</u> feet above or below (circle one) land surface		Date measured: <u>2-10-09</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____			
Hole depth: <u>195 ft</u> Well depth: <u>195 ft</u>		Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement Bentonite <u>Mix</u>			
Casing length: <u>175</u> feet Casing diameter: <u>4"</u> inches		Type of casing: <u>PVC</u>	
Screen length: <u>20</u> feet Screen diameter: <u>4"</u> inches		Type of screen: <u>PVC</u>	
Screen slot size: <u>.013</u> inches		Setting depth: From <u>175</u> feet to <u>195</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> 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.			
Print Name of Water Well Contractor and License No. <u>Leeper Drilling # 0079</u>		Signature of Water Well Contractor <u>[Signature]</u>	

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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-68
Elevation: _____

County: Leflore
Permit #: _____
Driller: Leeper Drilling
Date completed: 2-10-09

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>Kear Bolton</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>17 C12143</u>	Method of Lat/Long (circle one): Conventional Survey, 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) 419-1877</u>	<u>6</u> Miles	<u>NW</u> of	<u>Oxford</u>

Pump Type Circle one			Power Type Circle one		
Air Lift	Jet	<u>Submersible</u>	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	<u>Electric Motor</u>	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____	Date Pump Installed: <u>2-10-09</u>		Horse Power Rating of Motor: <u>1 HP</u>		
Rated Pump Capacity: <u>10</u> Gallons Per Minute			Setting Depth: <u>140</u> feet		
			Number of Stages: <u>14</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: <u>2-10-09</u>	Air Line	Electric Measuring Line	<u>Steel Tape</u>
Static Water Level (A): _____ 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 _____

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FEB 27 2009
BY: OLWR