

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: A 76
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Leflore

Permit #: _____

Driller: Leeper Drilling

Date drilling completed: 11-28-11

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: Chad Russon

Mailing Address: Lot # 1 CR 143

OXford MS 38655
City State Zip Code

Telephone No. 662 801-0446

Well Location

Latitude: 39° 26' 30" Longitude: 89° 35' 30"

Method of Lat/Long (circle one): 19 Conventional Survey, 20

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

SW SE ¼ Sec 26 Twn 75 Rng 4W

Distance 6 Miles Direction NW of Nearest Town OXford

Well Data

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

Date well drilling started: 11-28-11 Date well drilling completed: 11-28-11

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

Static Water Level: 90 feet above or below (circle one) land surface Date measured: 11-29-11

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

Hole depth: 170 ft Well depth: 170 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 150 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 150 feet to 170 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.

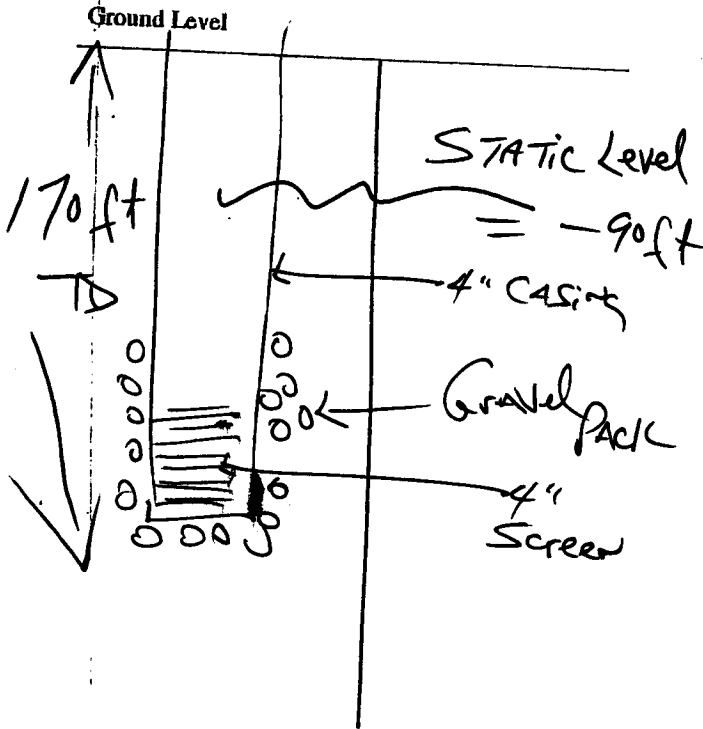
[Signature]
Signature of Water Well Contractor

RECEIVED

DEC 07 2011

BY: OWR

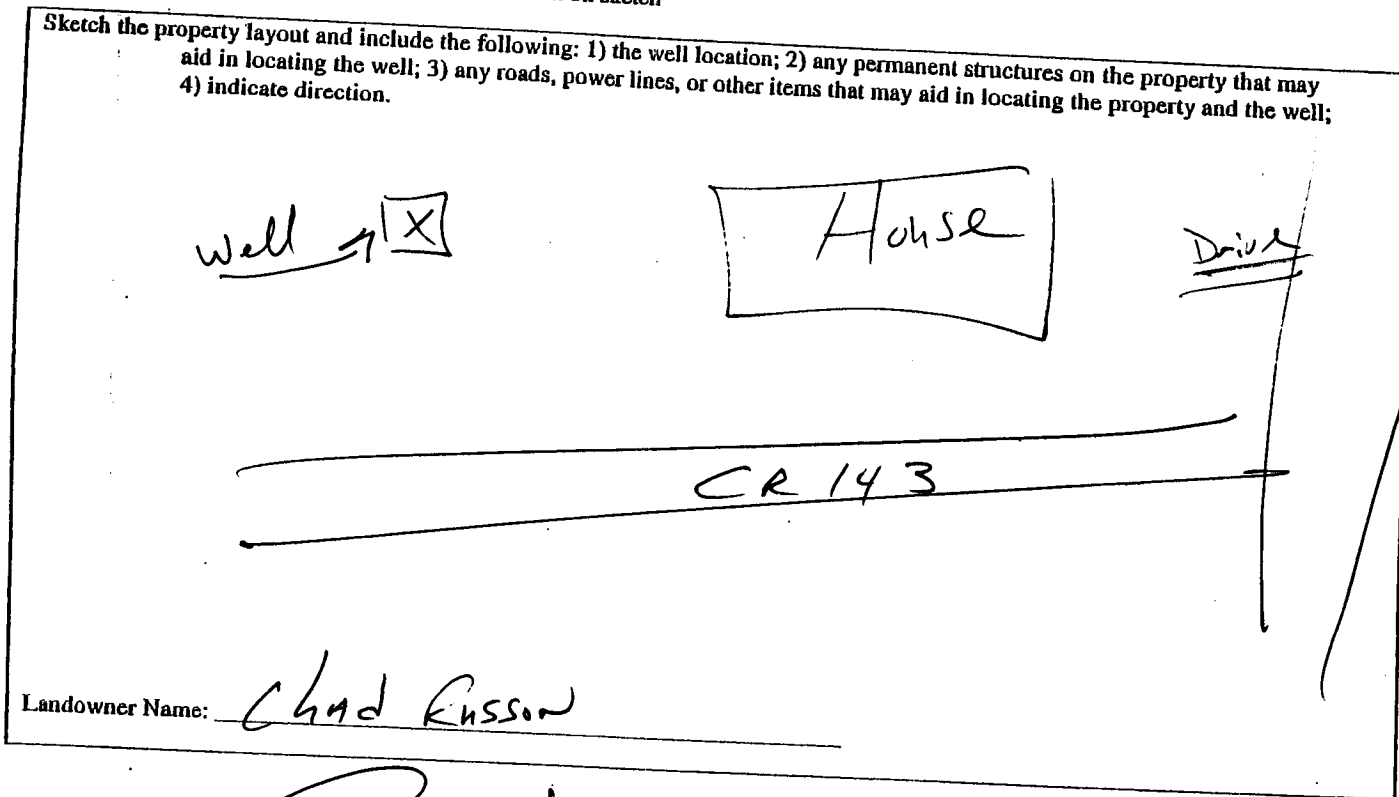
If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
Red clay	0	10
Brown Sand	10	90
White Sand	90	170

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: Chad Russon

Signature of Water Well Contractor *[Signature]*

RECEIVED
DEC 07 2011
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: Lafayette
Permit #: _____
Driller: Leeper Drilling
Date completed: 11-29-11

For Office Use Only:
Aquifer: _____
Well #: A76
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>Chad Ranson</u>	Mailing Address: <u>Lot #1 CR 143</u>	Latitude: <u>34° 26' 32"</u>	Longitude: <u>89° 35' 38"</u>
<u>Oxford MS 38655</u> City State Zip Code	Telephone No. <u>(662) 801-0446</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS	
		USGS quad <u>26</u> <u>7S</u> <u>4W</u> 1/4 Sec _____ 1/4 Sec _____ Twn _____ Rng _____	
		Distance <u>6</u> Miles	Direction <u>NW</u> of Nearest Town <u>Oxford</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
Bucket: <input type="checkbox"/> Piston <input type="checkbox"/> Turbine	<input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
Centrifugal: <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4 HP</u>
Date Pump Installed: <u>11-29-11</u>	Setting Depth: <u>140</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>11-29-11</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>90</u> Feet <input checked="" type="checkbox"/> 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 _____

RECEIVED
DEC 07 2011
BY: OLWR