

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 #: B-62
L. S. Elevation: _____
E-log #: _____

County: Lafayette
Permit #: _____
Driller: Zeeper Drilling
Date drilling completed: 1-18-06

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>Michael Maxwell</u>	Latitude: _____ ° _____ ' _____ " Longitude: _____ ° _____ ' _____ "	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
Mailing Address: <u>Lot # 17</u> <u>Georgia Pacific Subdivision</u> <u>Oxford MS</u> City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec <u>32</u> Twn <u>7S</u> Rng <u>3W</u>		Distance _____ Miles Direction <u>N</u> of <u>Oxford</u>
Telephone No. <u>662 380-1522</u>	Well Data		
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____	Date well drilling started: <u>1-18-06</u> Date well drilling completed: <u>1-18-06</u>		
If flowing, method of flow regulation: Valve _____ Other (describe) _____	Static Water Level: <u>150</u> feet above <u>or below</u> (circle one) land surface Date measured: _____		
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	Hole depth: <u>208 ft.</u> Well depth: <u>208 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>193</u> feet Casing diameter: <u>4"</u> inches Type of casing: <u>PVC</u>		
Screen length: <u>15</u> feet Screen diameter: <u>4"</u> inches Type of screen: <u>PVC</u>	Screen slot size: <u>1/10</u> inches Setting depth: From <u>193</u> feet to <u>208</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>[Signature] #0079</u>	Signature of Water Well Contractor <u>Zeeper Drilling</u>		

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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)

County: Lafayette
 Permit #: _____
 Driller: Leeper Drilling
 Date completed: 1-18-06

For Office Use Only:

Aquifer: _____
 Well #: B-62
 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>Michael Maxwell</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Lot # 17</u> <u>Georgia Pacific S/D</u> <u>Oxford MS 38865</u> City / State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. () _____	_____ 1/4 _____ 1/4 Sec <u>32</u> Twn <u>7S</u> Rng <u>3W</u>
	Distance Direction Nearest Town <u>4</u> Miles <u>N</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): _____	Horse Power Rating of Motor: <u>3/4 HP</u>
Date Pump Installed: <u>1-18-06</u>	Setting Depth: <u>200</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>1-18-06</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>150</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
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
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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