

# 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 #: C-15

L. S. Elevation: \_\_\_\_\_

E-log #: \_\_\_\_\_

County: Lafayette

Permit #: \_\_\_\_\_

Driller: Leeper Drilling

Date drilling completed: 6-20-06

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

Owner Name: M.D. LUKER

Mailing Address: 560 Woodson Ridge Road

Oxford MS 38655  
City State Zip Code

Telephone No. (601) 234-1686

### 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 19 Twn 7S Rng 2W

Distance Direction Nearest Town  
5 Miles NE of Oxford

### Well Data

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

Date well drilling started: 6-20-06 Date well drilling completed: 6-20-06

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

Static Water Level: 90 feet above of  below (circle one) land surface Date measured: 6-21-06

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

Hole depth: 105 ft Well depth: 105 ft Well grouted to a depth of 10 feet

Type of grout (circle one):  Cement  Bentonite  Mix

Casing length: 90 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 15 feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 90 feet to 105 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

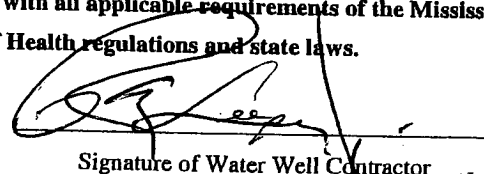
Logs run (circle all applicable):  No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_

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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JUL 10 2006

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 #: E-15  
 Elevation: \_\_\_\_\_

County: Lafayette  
 Permit #: \_\_\_\_\_  
 Driller: Leeper Drilling  
 Date completed: 6-21-06

**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>M.D. LUKER</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>560 Woodson Ridge Rd</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>19</u> Twn <u>7S</u> Rng <u>2W</u>
Telephone No. <u>234 234-1686</u>	Distance Direction Nearest Town <u>5</u> Miles <u>NE</u> of <u>Oxford</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <b>Submersible</b> <input checked="" type="radio"/>	Diesel Engine <input type="radio"/> <b>Gasoline Engine</b> <input checked="" type="radio"/> Natural Gas <input type="radio"/>
Bucket Piston <input type="radio"/> <b>Turbine</b> <input checked="" type="radio"/>	Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> <b>Flowing Well</b> <input checked="" type="radio"/>	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4 HP</u>
Date Pump Installed: <u>6-21-06</u>	Setting Depth: <u>105</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>6-21-06</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> <b>Steel Tape</b> <input checked="" type="radio"/>
Static Water Level (A): <u>90</u> Feet <b>(Below)</b> 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]  
Signature of Pump Installer

**RECEIVED**  
 JUL 10 2006  
 BY: OLWH