

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 #: D22
L. S. Elevation: _____
E-log #: _____

County: Lafayette
Permit #: _____
Driller: Leaper Drilling
Date drilling completed: Aug 14, 2012

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: Danny M. Kirttrick
Mailing Address: CK 245
Oxford, MS 38655
City State Zip Code
Telephone No. (662) 418-8414

Well Location

Latitude: 39° 28' 33.1" Longitude: 89° 20' 09.8"
Method of Lat/Long (circle one): 19 Conventional Survey, 05 Survey-grade GPS
USGS quad, Hand-held GPS, Survey-grade GPS
NE 1/4 SE 1/4 Sec 20 Twn 7S Rng 1W
Distance 11 Miles Direction NE of Oxford

Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: June 19, 2012 Date well drilling completed: Aug 10, 2012
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 140 feet above or below (circle one) land surface Date measured: 8-14-12
Method of Measurement (circle one): steel tape, electric tape air line other: _____
Hole depth: 280 ft Well depth: 280 ft Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 230 feet Casing diameter: 4" inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 2" inches Type of screen: PVC
Screen slot size: .010 inches Setting depth: From 240 feet to 280 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.

Leaper Drilling # 0079
Print Name of Water Well Contractor and License No.

[Signature]
Signature of Water Well Contractor

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SEP 10 2012
BY: OLWF

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 #: D22

Elevation: _____

County: Lafayette

Permit #: _____

Driller: Leeper Drilling

Date completed: 9-14-12

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

Owner Name: Danny M. Kittrick

Mailing Address: CR 245

Oxford, MS 38655
City State Zip Code

Telephone No. (662) 418-8414

Well Location

Latitude: 34° 28.331 Longitude: 89° 20.098

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

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

NE ¼ SE ¼ Sec 20 Twn 7S Rng 1W

Distance Direction 18 Nearest Town

11 Miles NE of Oxford

Pump Type Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 9-14-12

Rated Pump Capacity: 20 Gallons Per Minute

Power Type Circle one

Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
Windmill Other (specify): _____

Horse Power Rating of Motor: 1 1/2 HP

Setting Depth: 189 feet

Number of Stages: 11

Pump Test Data

Date Well Tested: 9-14-12

Static Water Level (A): 140 Feet Below Land Surface

Pumping Water Level (B): _____ Feet Below Land Surface

Drawdown [(B) - (A)]: _____ Feet Below Land Surface

Test Pumping Rate: _____ Gallons Per Minute

Duration of Pump Test (minimum 4 hours): _____ hours

Method of Measuring Water Level Circle one

Air Line Electric Measuring Line Steel Tape
Other (specify): _____

For flowing well, measured shut in head: _____ feet

Well yielded _____ GPM with a drawdown of
_____ feet after _____ hours of pumping

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

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SEP 10 2012
BY: OLIVE