

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 #: E-97
L. S. Elevation: _____
E-log #: _____

County: Lafayette
Permit #: _____
Driller: Leaper Drilling
Date drilling completed: 6-8-07

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: George Webb
Mailing Address: Hiway 6 West
Oxford, MS 38655
City, State, Zip Code
Telephone No. (662) 640-2495

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. 27 Twn 8S Rng 4W
Distance Direction Nearest Town
5 Miles W of Oxford

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 6-8-07 Date well drilling completed: 6-8-07
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 90 feet above or below (circle one) land surface Date measured: 6-9-07
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 200 ft Well depth: 200 ft Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 185 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 15 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: 0.10 inches Setting depth: From 185 feet to 200 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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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: 6-9-07

For Office Use Only:
Aquifer: _____
Well #: E-97
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
Owner Name: George Webb
Mailing Address: Hiway 6 West
Oxford MS 38655
City State Zip Code
Telephone No. (662) 640-2495

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. 27 Twn 8 S Rng 9 W
Distance Direction Nearest Town
5 Miles W of Oxford

Pump Type
Circle one
Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): _____
Date Pump Installed: 6-9-07
Rated Pump Capacity: 12 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 HP
Setting Depth: 160 feet
Number of Stages: 14

Pump Test Data
Date Well Tested: 6-9-07
Static Water Level (A): 90 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 #0075
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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