

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-99
L. S. Elevation: _____
E-log #: _____

County: Lafayette
Permit #: _____
Driller: Leeper Drilling
Date drilling completed: ~~10-17-07~~
10-17-07

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	Well Location
Owner Name: <u>Ronnie Ash</u>	Latitude: _____ " Longitude: _____ "
Mailing Address: <u>173 CR 253</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>ETTA MS 38627</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>13</u> Twn <u>8S</u> Rng <u>4W</u>
Telephone No. <u>(662) 832-6377</u>	Distance _____ Miles Direction _____ of Nearest Town <u>Oxford</u>

Well Data

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

Date well drilling started: 10-17-07 Date well drilling completed: 10-17-07

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

Static Water Level: 100 feet above or below (circle one) land surface Date measured: 10-18-07

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

Hole depth: 180 ft Well depth: 180 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 160 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 160 feet to 180 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
OCT 24 2007
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: 10-18-07

For Office Use Only:
Aquifer: _____
Well #: E-99
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>Ronnie Ash</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>173 CR 253</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>ETTA MS 38627</u> City State Zip Code	1/4 _____ 1/4 Sec. <u>13</u> Twn <u>8S</u> Rng <u>4W</u>
Telephone No. <u>(662) 832-6377</u>	Distance _____ Direction _____ Nearest Town _____ <u>1</u> Miles <u>W</u> of <u>Oxford</u>

Pump Type Circle one	Power Type Circle one
Air Lift Bucket Centrifugal Other (specify): _____ Date Pump Installed: <u>10-18-07</u> Rated Pump Capacity: <u>10</u> Gallons Per Minute	Jet Piston Rotary Flowing Well Diesel Engine Electric Motor Windmill Horse Power Rating of Motor: <u>3/4 HP</u> Setting Depth: <u>140</u> feet Number of Stages: <u>11</u>
<input type="radio"/> Jet <input type="radio"/> Piston <input type="radio"/> Rotary <input checked="" type="radio"/> Submersible <input type="radio"/> Turbine <input type="radio"/> Flowing Well	<input type="radio"/> Diesel Engine <input checked="" type="radio"/> Electric Motor <input type="radio"/> Windmill <input type="radio"/> Gasoline Engine <input type="radio"/> Hand <input type="radio"/> Other (specify): _____ <input type="radio"/> Natural Gas <input type="radio"/> Tractor PTO

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-18-07</u>	Air Line Electric Measuring Line Other (specify): _____ <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>100</u> Feet <input checked="" type="radio"/> Below Land Surface	For flowing well, measured shut in head: _____ feet
Pumping Water Level (B): _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	
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
OCT 24 2007
BY: OLWR