

State Well Report

Part 1

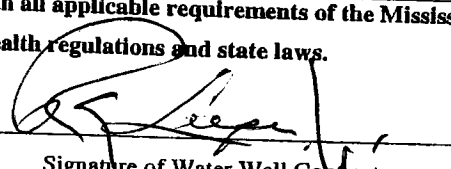
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
Well #: E-109
L. S. Elevation: _____
E-log #: _____

County: LA Fayette
Permit #: _____
Driller: Leeper Drilling
Date drilling completed: 6-24-08

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>Wells Gate Subdivision</u>	Latitude: _____° _____' _____" Longitude: _____° _____' _____"	Mailing Address: <u>c/o Alex McCormick</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Oxford, MS 38655</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>22</u> Twn <u>8S</u> Rng <u>4W</u>	Telephone No. (____) _____	Distance _____ Miles Direction <u>W</u> 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: <u>6-24-08</u> Date well drilling completed: <u>6-24-08</u>			
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>18</u> feet above or below (circle one) land surface Date measured: <u>6-25-08</u>			
Method of Measurement (circle one) <input checked="" type="radio"/> steel tape <input type="radio"/> electric tape <input type="radio"/> air line other: _____			
Hole depth: <u>147 ft</u> Well depth: <u>147 ft</u> Well grouted to a depth of <u>13</u> feet			
Type of grout (circle one): Cement Bentonite <input checked="" type="radio"/> Mix			
Casing length: <u>127</u> feet Casing diameter: <u>5"</u> inches Type of casing: <u>PVC</u>			
Screen length: <u>20</u> feet Screen diameter: <u>5"</u> inches Type of screen: <u>PVC</u>			
Screen slot size: <u>.013</u> inches Setting depth: From <u>127</u> feet to <u>147</u> feet			
Type of completion (circle all applicable) <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> 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.			
<u>Leeper Drilling # 0079</u>			
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

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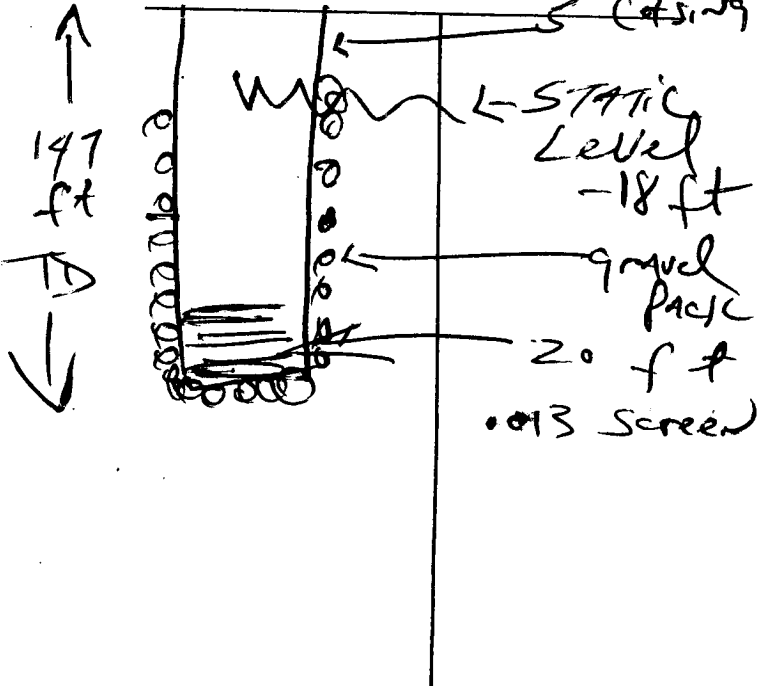
JUL 07 2008

BY: OLWR

E-109

If well telescopes please sketch below and show depths.

Ground Level



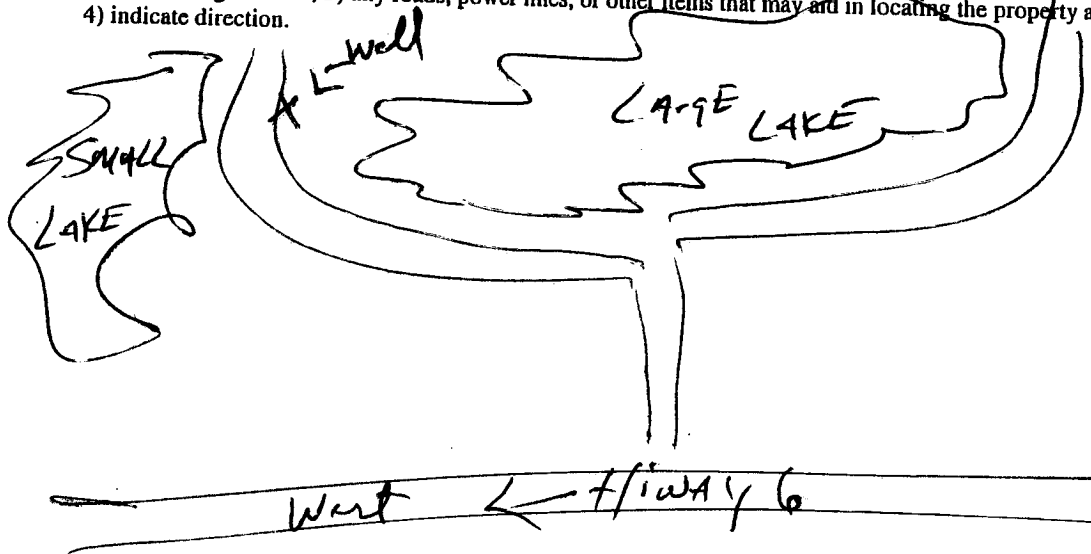
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Top Clay	0	10
Brown Sand	10	60
White Sand	60	147

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Landowner Name: Well GATE Subdivision

Signature of Water Well Contractor

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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: Aug 18, 2008

For Office Use Only:
Aquifer: _____
Well #: E-109
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>WillsGATE Subdivision</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>c/o Alex McCormick</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Oxford MS 38655</u> City State Zip Code	<u>1/4 1/4 Sec 22 Twn 4W Rng 8S</u>
Telephone No: <u>(662) 801-3012</u>	Distance Direction Nearest Town <u>2 Miles W of Oxford</u>

Pump Type Circle one	Power Type Circle one
<input type="radio"/> Air Lift <input type="radio"/> Jet <input checked="" type="radio"/> Submersible	<input type="radio"/> Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas
<input type="radio"/> Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO
<input type="radio"/> Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	<input type="radio"/> Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5 HP</u>
Date Pump Installed: <u>Aug 18, 2008</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>90</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>Aug 18, 2008</u>	<input type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>21</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 _____ 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

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AUG 25 2008
BY: OLWR