

State Well Report

Part I

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 115
L. S. Elevation: _____
E-log #: _____

County: Lafayette
Permit #: _____
Driller: Leeper Drilling
Date drilling completed: 6-10-10

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: Chester Wilkes
Mailing Address: 134 CR 107
Oxford, MS 38655
City State Zip Code
Telephone No. (662) 607-0918

Well Location

Latitude: 34° 24' 17" Longitude: 89° 38' 30"
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
SW 1/4 NE 1/4 Sec 8 Twn 25 Rng 4W
Distance Direction Nearest Town
7 Miles NW of Oxford

Well Data

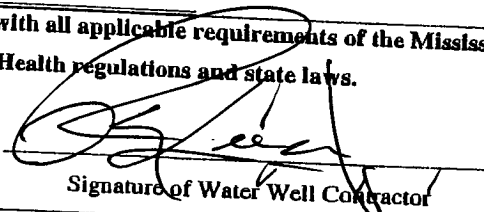
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 6-10-10 Date well drilling completed: 6-10-10
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 140 feet above or below (circle one) land surface Date measured: 6-11-10
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 220 ft Well depth: 220 ft Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 200 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 200 feet to 220 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.

Print Name of Water Well Contractor and License No.

Leeper Drilling # 0079

Signature of Water Well Contractor



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JUL 06 2010

BY: OIWR

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 115
Elevation: _____

County: Lafayette
Permit #: _____
Driller: Leeper Drilling
Date completed: 6-11-10

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>Chester Wilker</u>		Latitude: _____	Longitude: _____
Mailing Address: <u>134 CR 107</u>		Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
<u>Oxford MS 38655</u>		_____ 1/4 _____ 1/4 Sec <u>8</u> Twn <u>8 S</u> Rng <u>4 W</u>	
City State Zip Code		Distance _____	Direction _____
Telephone No. <u>(662) 607-0918</u>		Nearest Town _____	
		<u>7</u> Miles <u>NW</u> of <u>Oxford</u>	

Pump Type Circle one			Power Type Circle one		
Air Lift	Jet	Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>1 HP</u>		
Date Pump Installed: <u>6-11-10</u>			Setting Depth: <u>180</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>6-11-10</u>		Air Line	Electric Measuring Line	Steel Tape
Static Water Level (A): <u>140</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 of Pump Installer _____

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