

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: E 117
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Lafayette
Permit #: _____
Driller: Leaper Drilling
Date drilling completed: 8-11-11

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: Joseph Johnson
Mailing Address: 1212 Westbrook Ave
Oxford MS 38655
City: _____ State: _____ Zip Code: _____
Telephone No. (662) 281-8984

Well Location

Latitude: N 34° 20.78' 48" Longitude: W 89° 38' 55"
Method of Lat/Long (circle one): Conventional Survey, Hand-held GPS, Survey-grade GPS
USGS quad: NW 1/4 NW 1/4 Sec 31 Twn 8 S Rng 4 W
Distance: 7 Miles Direction: W of Nearest Town: Oxford

Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 8-11-11 Date well drilling completed: 8-11-11
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 5 feet above or below (circle one) land surface Date measured: August 12, 2011
Method of Measurement (circle one): steel tape electric tape air line other: _____
Hole depth: 140 ft Well depth: 140 ft Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 120 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: .010 inches Setting depth: From 120 feet to 140 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. Leaper Drilling # 0079

Signature of Water Well Contractor [Signature]

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AUG 19 2011

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)

County: Lafayette
Permit #: _____
Driller: Leeper Drilling
Date completed: 8-12-11

For Office Use Only:
Aquifer: _____
Well #: E117
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>Joseph L Johnson</u>	Latitude: <u>N 34° 20.98'</u> Longitude: <u>W 089° 38.93'</u>
Mailing Address: <u>1212 Westbrook Ave.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Oxford MS 38655</u> City / State / Zip Code	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
Telephone No. <u>(662) 281-8984</u>	<u>1/4</u> <u>1/4</u> Sec <u>31</u> Twn <u>8 S</u> Rng <u>4 W</u>
	Distance Direction Nearest Town <u>7</u> Miles <u>W</u> of <u>Oxford</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Bucket <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Diesel Engine <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Windmill
<input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary	<input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Hand <input type="checkbox"/> Other (specify): _____
<input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Flowing Well	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO
Date Pump Installed: <u>8-12-11</u>	Horse Power Rating of Motor: <u>2 HP</u>
Rated Pump Capacity: <u>25</u> Gallons Per Minute	Setting Depth: <u>100</u> feet
	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>August 12, 2011</u>	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>5</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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BY: OLMR