

# STATE WELL REPORT

## Part 1

### Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225-2309  
(601)961-5210  
(601)360-0535 (fax)

### For Office Use Only:

Well #: E121  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Lafayette  
Permit #: \_\_\_\_\_  
Driller: Leeper Drilling  
Date drilling completed: ~~#181~~  
11-15-13

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

| Well Owner Information<br>(Landowner if borehole is not for a water well) | Well or Borehole Location  |
|---|--|
| Owner Name: <u>Sammy Knight</u>   | Latitude: <u>34° 21.92</u> Longitude: <u>89° 41.691</u>                          |
| Mailing Address: <u>15 CR 1061</u>  | Method of Lat/Long (check one): Conventional Survey _____<br><u>SA</u> <u>42</u> |
| <u>Oxford, MS</u> <u>38655</u>  | USGS quad _____, <u>Hand-held GPS</u> , Survey-grade GPS _____                   |
| City State Zip Code   | <u>S1W 1/4 SE 1/4, Sec 26<sup>23</sup> T 8 S R 5 W</u>                           |
| Telephone No. <u>(662) 832-4099</u>                                       | <u>11</u> Miles <u>West</u> of <u>Oxford</u>                                     |
|   | (Distance) (Direction) (Nearest Town)  |

| Well / Borehole Data   |  |
|--|--|
| Date drilling started: <u>11-15-13</u> Date drilling completed: <u>11-15-13</u> Hole depth: <u>195 ft</u> Hole diameter: <u>4"</u>   |  |
| Location of the source of any surface water used for drilling: <u>Well water</u>   |  |
| Method of dosing and volume of Chlorine used in drilling and development: <u>5 ppm</u>   |  |
| Logs run (circle all applicable): No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____ |  |
| Name of organization running log(s): _____   |  |
| Purpose of borehole (circle one): <u>Water Well</u> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____<br>Seismic Survey _____ Other (describe) _____   |  |
| <i>If drilling is not related to water well construction, skip the remainder of this block</i>   |  |
| Purpose of Well (circle all applicable): <u>Home</u> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____  |  |
| Other (describe): _____  |  |
| If a flowing well, method of flow regulation: Valve _____ Other (describe) _____   |  |
| Static Water Level: <u>90</u> feet [above or <u>below</u> land surface (circle one) Date measured: <u>11-18-13</u>   |  |
| Method of measurement (circle one): <u>Steel tape</u> Electric tape _____ Air line _____ Other (describe) _____  |  |
| Well depth: <u>195 ft</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement _____ Bentonite _____ <u>Mix</u>  |  |
| Casing length: <u>175</u> feet Casing diameter: <u>4"</u> inches Type of casing: <u>PVC</u>  |  |
| Screen length: <u>20</u> feet Screen diameter: <u>4"</u> inches Type of screen: <u>PVC</u>   |  |
| Screen slot size: <u>.010</u> inches Setting depth: From <u>175</u> feet to <u>195</u> feet  |  |
| Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed _____ Open hole _____ Natural Development _____   |  |
| Other (describe): _____  |  |
| Top of lap pipe or reduction in casing: _____ feet   |  |

If telescoped or more than one screen, describe on next page

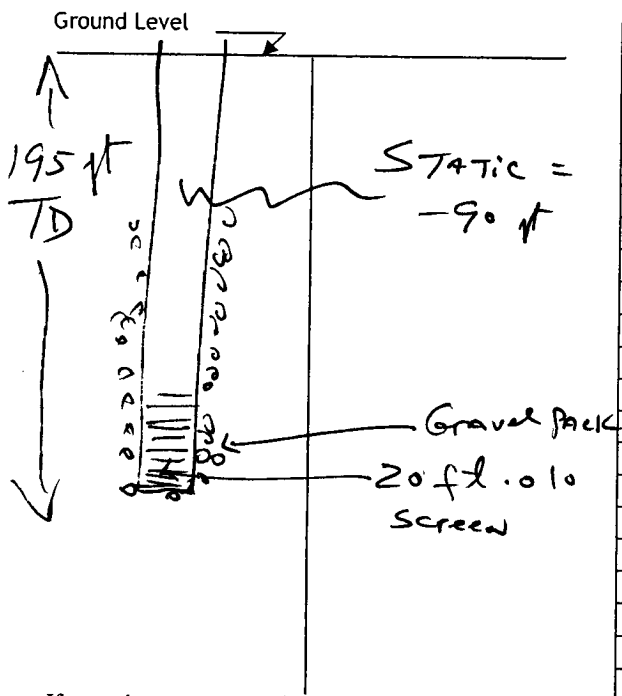
County: Lafayette  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: E121

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

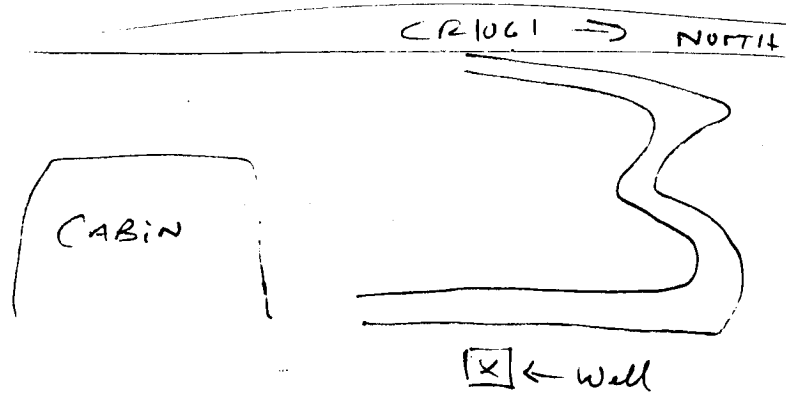


| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| Top Clay                              | Ground level | 20         |
| Red Sand                              | 20           | 45         |
| Brown Sand                            | 45           | 90         |
| White Sand                            | 90           | 195        |
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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) north arrow



Landowner Name: Sammy Knight

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Keeper Drilling #0079      11-18-13      [Signature]  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

# STATE WELL REPORT

## Part 2

### Pump Installer's Completion Report

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225-2309  
(601)961-5210  
(601) 360-0535 (fax)

County: Lafayette  
 Permit #: \_\_\_\_\_  
 Driller: Leaper Drilling  
 Date completed: 11-18-13  
Copy information from block on Part 1

**For Office Use Only:**

Well #: E 121  
 Aquifer: \_\_\_\_\_

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

| Well Owner Information                | Well Location  |
|---------------------------------------|--|
| Owner Name: <u>Sammy Knight</u>       | Latitude: <u>34 21.902</u> Longitude: <u>89 41.691</u>         |
| Mailing Address: <u>15 CR 1061</u>    | Method of Lat/Long (check one): Conventional Survey _____      |
| <u>Oxford MS 38655</u>                | USGS quad _____, <u>Hand-held GPS</u> , Survey-grade GPS _____ |
| City _____ State _____ Zip Code _____ | _____/4 _____/4, Sec <u>26</u> T <u>8 S</u> R <u>5 W</u>       |
| Telephone No. <u>(662) 832-4099</u>   | <u>11</u> Miles <u>W</u> of <u>Oxford</u>                      |
|                                       | (Distance) (Direction) (Nearest Town)                          |

**Pump Type (circle one)**

Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_

Date Pump Installed: \_\_\_\_\_ Rated Pump Capacity: 600 Gallons Per Minute

Is This Pump (circle one):  New  Repaired  Replacement

**Power Type (circle one)**

Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 5 HP Setting Depth: 160 feet Number of Stages: 11

**Pump Test Data for Non Flowing Well**

Date Well Tested: 11-18-13 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

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

Method of measurement (circle one):  Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**

Measured shut in head: \_\_\_\_\_ feet.

Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**

Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_

Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_

Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_

Is This Meter (circle one):  New  Repaired  Replacement

*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Leaper Drilling #0079 11-18-13 [Signature]

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer