

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 #: F-164
L. S. Elevation: _____
E-log #: _____

County: Lafayette
Permit #: _____
Driller: Leeper Drilling
Date drilling completed: 11-1-05

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>Johnny Morgan</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u># 7 North</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Oxford MS 38655</u> City State Zip Code | <u>1/4 1/4 Sec 11 Twn 8S Rng 3W</u> |
| Telephone No. <u>(662) 234-3224</u> | Distance <u>2 1/2</u> Miles Direction <u>NE</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: 11-1-05 Date well drilling completed: 11-1-05

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

Static Water Level: 15 feet above or below (circle one) land surface Date measured: 11-2-05

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

Hole depth: 105 ft Well depth: 105 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 90 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 15 feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: 0.10 inches Setting depth: From 90 feet to 105 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

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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: 11-7-05

For Office Use Only:

Aquifer: _____
 Well #: F-164
 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>Johnny Morgan</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: _____ _____ _____ | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| City _____ State _____ Zip Code _____ | _____ 1/4 _____ 1/4 Sec <u>11</u> Twn <u>8S</u> Rng <u>3W</u> |
| Telephone No. (____) _____ | Distance _____ Direction _____ Nearest Town _____ <u>2 1/2</u> Miles <u>NE</u> of <u>Oxford</u> |

| Pump Type Circle one | Power Type Circle one |
|---|---|
| Air Lift Jet <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>3 HP</u> |
| Date Pump Installed: <u>11-7-05</u> | Setting Depth: <u>70</u> feet |
| Rated Pump Capacity: <u>30</u> Gallons Per Minute | Number of Stages: <u>11</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: <u>11-7-05</u> | Air Line Electric Measuring Line <u>Steel Tape</u> |
| Static Water Level (A): _____ 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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