

# 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-167  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Lafayette  
Permit #: \_\_\_\_\_  
Driller: Leeper Drilling  
Date drilling completed: 2-6-06

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: Ronnie Leggett  
Mailing Address: #1 Industrial Rd  
Oxford MS 38655  
City State Zip Code  
Telephone No. (622) 801-8359

### Well Location

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
Method of Lat/Long (circle one): Conventional Survey,  
USGS quad, Hand-held GPS, Survey-grade GPS  
\_\_\_\_ 1/4 \_\_\_\_ 1/4 Sec. 11 Twn 8S Rng. 3W  
Distance Direction Nearest Town  
3 Miles N of Oxford

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: 2-6-06 Date well drilling completed: 2-6-06  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 65 feet above or below (circle one) land surface Date measured: \_\_\_\_\_  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 160 ft Well depth: 160 ft Well grouted to a depth of 10 feet  
Type of grout (circle one): Cement Bentonite Mix  
Casing length: 140 feet Casing diameter: 4 inches Type of casing: PVC  
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC  
Screen slot size: 0.10 inches Setting depth: From 140 feet to 160 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

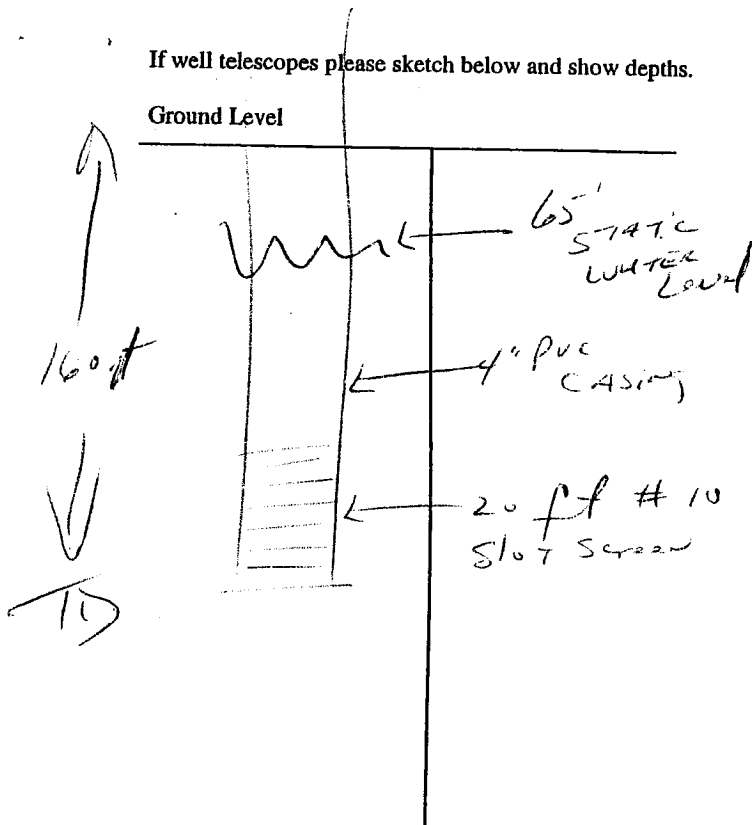
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BY: OLWR

F-167

If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
TOP CLAY	0	20
BROWN SAND	20	100
White Sand	100	160

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: Roanie Leggett

*Roanie Leggett*  
 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)

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: F-167  
 Elevation: \_\_\_\_\_

County: Lafayette  
 Permit #: \_\_\_\_\_  
 Driller: Zeeper Drilling  
 Date completed: 2/7/06

**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>Ronnie Leggett</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Lot #1 Industrial Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Oxford MS 38655</u>	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. <u>(601) 801-8359</u>	Distance Direction Nearest Town
	<u>3</u> Miles <u>N</u> of <u>Oxford</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2 HP</u>
Date Pump Installed: <u>2/7/06</u>	Setting Depth: <u>110</u> feet
Rated Pump Capacity: <u>30</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-7-06</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>65</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
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Zeeper Drilling #0079 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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