

# 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-168  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: LAFAYETTE  
Permit #: \_\_\_\_\_  
Driller: Leeper Drilling  
Date drilling completed: 4-19-06

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: Robert Lampton  
Mailing Address: \_\_\_\_\_  
City: JACKSON MS State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone No.: (601) 933-3325

### 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 18 Twn 8S Rng 3W  
Distance 1 1/2 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: 4-19-06 Date well drilling completed: 4-19-06  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 15 feet above  or below (circle one) land surface Date measured: 4-20-06  
Method of Measurement (circle one)  steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 125 ft Well depth: 125 ft Well grouted to a depth of 10 feet  
Type of grout (circle one): Cement Bentonite  Mix  
Casing length: 110 feet Casing diameter: 4" inches Type of casing: PVC  
Screen length: 15 feet Screen diameter: 4" inches Type of screen: PVC  
Screen slot size: .010 inches Setting depth: From 110 feet to 125 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 of Water Well Contractor

RECEIVED

MAY 18 2006

BY OLWB



# 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: 4-20-06

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: F-168  
 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>Robert Lampton</u>	Latitude: _____ Longitude: _____
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>JACKSON MS</u> City / State Zip Code	_____ 1/4 _____ 1/4 Sec <u>18</u> Twn <u>8S</u> Rng <u>3W</u>
Telephone No. <u>(601) 933-3325</u>	Distance Direction Nearest Town <u>1/2</u> Miles <u>W</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>1+1/2</u>
Date Pump Installed: <u>4-20-06</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-20-06</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>15</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

RECEIVED  
 MAY 18 2006  
 BY: OLWR