

# 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: F 190  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Lafayette  
Permit #: \_\_\_\_\_  
Driller: Leeper Drillers  
Date drilling completed: 3-1-10

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: Hazel Cambell  
Mailing Address: 130 Charger Lane  
Oxford MS  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone No.: (601) 236-4909

### Well Location

Latitude: 34.23.59 " Longitude: 89.28.55 "  
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS  
NW 1/4 Sec 11 Twn 8S Rng 3W  
Distance: 2 Miles Direction: NE of Nearest Tqwn: Oxford

### Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: 3-1-10 Date well drilling completed: 3-1-10  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 140 feet above or below (circle one) land surface Date measured: 3-2-10  
Method of Measurement (circle one): steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 210 ft Well depth: 210 ft Well grouted to a depth of 10 feet  
Type of grout (circle one): Cement Bentonite Mix  
Casing length: 190 feet Casing diameter: 4" inches Type of casing: PVC  
Screen length: 20 feet Screen diameter: 4" inches Type of screen: PVC  
Screen slot size: .013 inches Setting depth: From 190 feet to 210 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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MAR 28 2010  
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)

### For Office Use Only:

Aquifer: F190  
Well #: \_\_\_\_\_  
Elevation: \_\_\_\_\_

County: Lafayette  
Permit #: \_\_\_\_\_  
Driller: Leeper Drilling  
Date completed: 3-2-10

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>Hazel Cambell</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>130 Charger Lane</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS		
<u>Oxford MS</u>	<u>1/4</u>	<u>1/4</u> Sec <u>11</u>	Twn <u>S</u> Rng <u>SW</u>
City State Zip Code	Distance	Direction	Nearest Town
Telephone No. <u>662 236-4909</u>	<u>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>1 HP</u>		
Date Pump Installed: <u>3-2-10</u>			Setting Depth: <u>180</u> feet		
Rated Pump Capacity: <u>10</u> Gallons Per Minute			Number of Stages: <u>11</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: <u>3-2-10</u>	Air Line	Electric Measuring Line	<u>Steel Tape</u>
Static Water Level (A): <u>140</u> Feet <u>Below</u> 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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MAR 26 2010  
BY: OLWR