

County: Lafayette
 Permit #: _____
 Driller: Leeper Drilling
 Date drilling completed: 3-19-14

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: 2
 Well #: F198
 L. S. Elevation: _____
 E-log #: _____

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: Ron Nichols
 Mailing Address: 49 CR 302
Oxford, MS
 City State Zip Code
 Telephone No. (662) 801-1539

Well Location: 34° 28' 13.2" N 89° 33' 0" W
 Latitude: 34° 28' 20.6" Longitude: 89° 32' 6.2"
 Method of Lat/Long (circle one): Hand-held GPS Conventional Survey, Survey-grade GPS
 USGS quad, 50° 45' 1/4 Sec 3 Twn 95 Rng 4 W
 Distance 3 Miles Direction S of Nearest Town Oxford

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
 Date well drilling started: 3-19-14 Date well drilling completed: 3-19-14
 If flowing, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 100 feet above or below (circle one) land surface Date measured: 3-20-14
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Hole depth: 145' Well depth: 145' Well grouted to a depth of 10 feet
 Type of grout (circle one): Cement Bentonite Mix
 Casing length: 125 feet Casing diameter: 4" inches Type of casing: PVC
 Screen length: 20 feet Screen diameter: 1" inches Type of screen: PVC
 Screen slot size: .010 inches Setting depth: From 125 feet to 145 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.

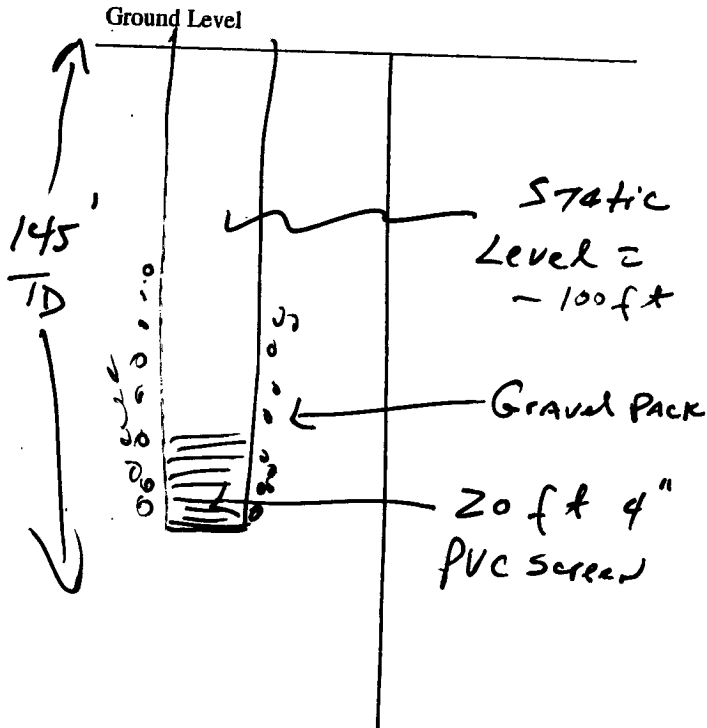
Leeper Drilling #0079
 Print Name of Water Well Contractor and License No.

[Signature]
 Signature of Water Well Contractor

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 34,351
 89,556
 BY: GWR

F 198

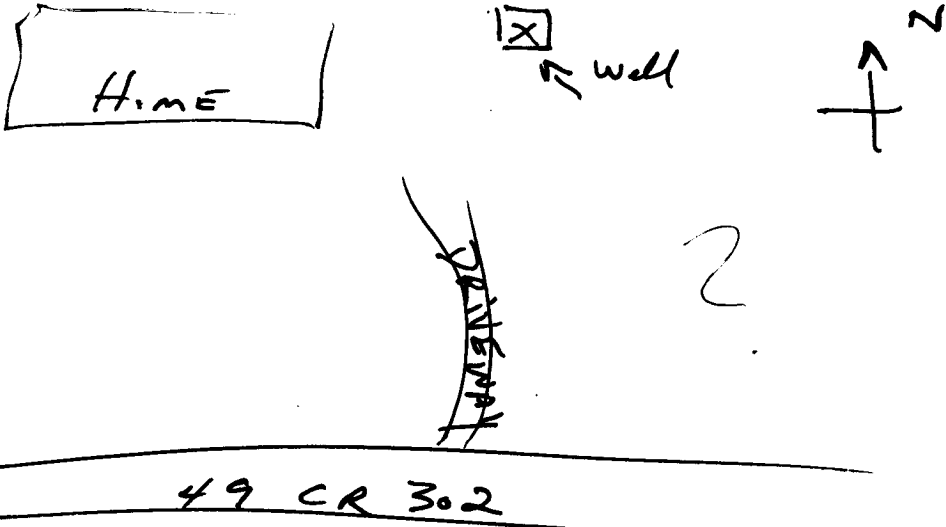
If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
Top Clay	0	20
Red Sand	20	80
White Sand	80	145

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: Ron Nichols

[Signature]
Signature of Water Well Contractor

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APR 15 2014
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: _____

Well #: F198

Elevation: _____

County: Lafayette

Permit #: _____

Driller: Leeper Drilling

Date completed: 3-20-14

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

Owner Name: Ron Nichols

Mailing Address: 49 CR 302

Oxford, MS 38655
City, State Zip Code

Telephone No. (662) 801-1539

Well Location 34° 20' 13.2" N 89° 33' 0" W
Latitude 34 20.206 Longitude 89 32.602

Method of Lat/Long (circle one): Conventional Survey

USGS quad, Hand-held GPS, Survey-grade GPS

SW 1/4 SE 1/4 Sec 5 Twn 9S Rng 4W

Distance 3 Miles Direction S of Nearest Town Oxford

Pump Type Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 3-20-14

Rated Pump Capacity: 10 Gallons Per Minute

Power Type Circle one

Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
Windmill Other (specify): _____

Horse Power Rating of Motor: 3/4 HP

Setting Depth: 140 feet

Number of Stages: 8

Pump Test Data

Date Well Tested: _____

Static Water Level (A): 3-20-14 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

Duration of Pump Test (minimum 4 hours): _____ hours

Method of Measuring Water Level Circle one

Air Line Electric Measuring Line Steel Tape

Other (specify): _____

For flowing well, measured shut in head: _____ feet

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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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BY: OLWR