

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 #: 6-29

L. S. Elevation: _____

E-log #: _____

County: Lafayette
 Permit #: _____
 Driller: Leeper Drilling
 Date drilling completed: Aug 21, 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	Well Location
Owner Name: <u>Sharon Moffett and Larry</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1005 Augusta Drive</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 " Twn 85 Rng 24</u>
Telephone No. <u>662 281-0175</u>	Distance Direction Nearest Town <u>4 Miles E of Oxford</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Cabin

Date well drilling started: Aug 21, 06 Date well drilling completed: Aug 21, 06

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

Static Water Level: 160 feet above or below (circle one) land surface Date measured: Aug 23, 06

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

Hole depth: 240 ft Well depth: 240 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 225 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 225 feet to 240 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): _____

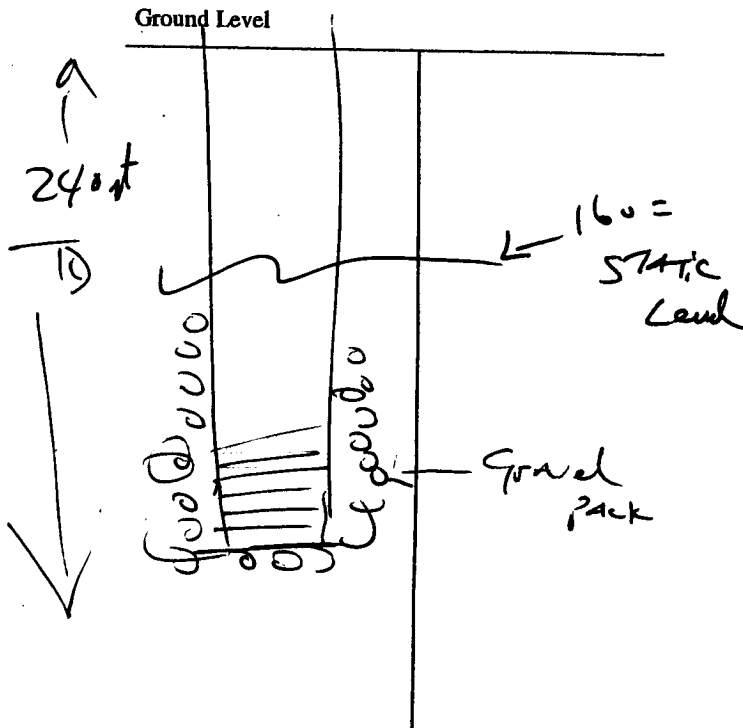
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

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

[Signature]
 Signature of Water Well Contractor

RECEIVED
 SEP 28 2006
 BY: OLWR

If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
TOP CLAY	0	30
BROWN SAND	30	160
PINK CLAY	160	165
FINE WHITE SAND	165	190
COARSE WHITE SAND	190	240

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.

well → [X]

CASIN

Good formation
-- but -- low yield!

Hiway 30

Landowner Name: Sharon Moffett

Signature of Water Well Contractor

RECEIVED
SEP 28 2006
BY: OLWH

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: _____

For Office Use Only:

Aquifer: _____
 Well #: G-29
 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>Sharon Moffatt and Larry</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1005 Augusta Drive</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Oxford MS 38655</u>	_____ 1/4 _____ 1/4 Sec <u>11</u> Twn <u>8S</u> Rng <u>2W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>662 281-0175</u>	<u>9</u> Miles <u>EAST</u> of <u>Oxford</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible TEST pump</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____	Diesel Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>1 HP</u> Setting Depth: <u>240</u> feet Number of Stages: <u>19</u>
Date Pump Installed: <u>9-23-06</u>	
Rated Pump Capacity: <u>yield = 5 GPM</u> <u>6 GPM</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-23-06</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 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED

Low Yield in this Area - SEP 28 2006
 Next WATER = Wilcox @ STOLWA