

# 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 #: G-31  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Lafayette  
Permit #: \_\_\_\_\_  
Driller: Leeper Drilling  
Date drilling completed: 7/14/07

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>Jessie Thompson</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Lot # 1 CR 206</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Abbeville</u> MS <u>38601</u>	_____ 1/4 _____ 1/4 Sec <u>6</u> Twn <u>85</u> Rng <u>2W</u>
City State/ Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 236-7318</u>	<u>4</u> Miles <u>NE</u> of <u>Oxford</u>

### Well Data

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

Date well drilling started: 7-14-07 Date well drilling completed: 7-14-07

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

Static Water Level: 120 feet above or below (circle one) land surface Date measured: 7-14-07

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

Hole depth: 200 ft Well depth: 200 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 185 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 15 feet Screen diameter: 4 inches Type of screen: PVC BY OLWR

Screen slot size: 0.10 inches Setting depth: From 185 feet to 200 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): \_\_\_\_\_

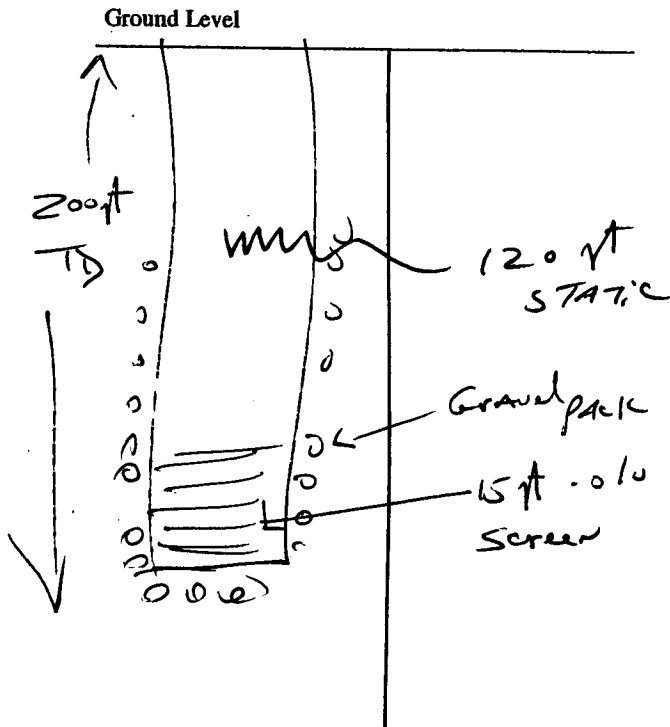
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Leeper Drilling # 0079

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
TOP CLAY	0	20
BROWN SAND	20	80
White SAND	80	200

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.



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AUG 09 2007  
BY: OLWR

Landowner Name: Jessie Thompson

[Signature]  
Signature of Water Well Contractor

# 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 #: G-31

Elevation: \_\_\_\_\_

County: LA-fayette

Permit #: \_\_\_\_\_

Driller: Leeper Drilling

Date completed: 7-14-07

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: Jessie Thompson

Mailing Address: Lot #1 CR 206

Abbeville MS 38601  
City State Zip Code

Telephone No. (662) 236-7218

### 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 6 Twn 8 S Rng 2 W

Distance Direction Nearest Town

4 Miles NE of Oxford

### Pump Type Circle one

Air Lift Jet  Submersible  
Bucket Piston Turbine  
Centrifugal Rotary Flowing Well

Other (specify): \_\_\_\_\_

Date Pump Installed: 7-14-07

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: 160 feet

Number of Stages: 11

### Pump Test Data

Date Well Tested: 7-14-07

Static Water Level (A): 120 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