

State Well Report

Part 1

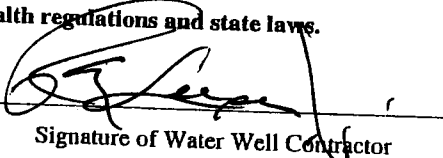
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
Well #: H-7
L. S. Elevation: _____
E-log #: _____

County: Lafayette
Permit #: _____
Driller: Leeper Drilling
Date drilling completed: 4-23-07

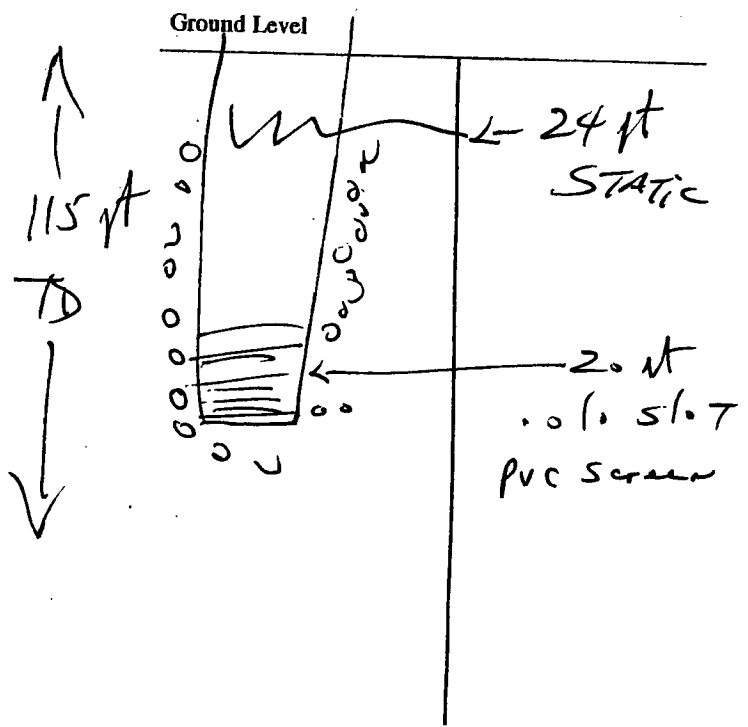
State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information		Well Location	
Owner Name: <u>Jeff McClure</u>		Latitude: _____° _____' _____" Longitude: _____° _____' _____"	
Mailing Address: <u>90 Oxford Housing Authority</u> <u>900 Molly Barr Rd</u> <u>Oxford, MS 38655</u>		Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
City: _____ State: _____ Zip Code: _____		_____ 1/4 _____ 1/4 Sec. <u>3</u> Twn <u>8S</u> Rng <u>1W</u>	
Telephone No. <u>662 234-7524</u>		Distance _____ Miles Direction _____ of Nearest Town <u>Oxford</u>	
Well Data			
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>Farm Supply</u>			
Date well drilling started: <u>4-23-07</u>		Date well drilling completed: <u>4-23-07</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>24</u> feet above or (below) (circle one) land surface		Date measured: <u>4-24-07</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____			
Hole depth: <u>115 ft</u>		Well depth: <u>115 ft</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement Bentonite <u>Mix</u>			
Casing length: <u>95</u> feet		Casing diameter: <u>4"</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>20</u> feet		Screen diameter: <u>4"</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>010</u> inches		Setting depth: From <u>95</u> feet to <u>115</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> 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.			
<u>Leeper Drilling #0079</u>			
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

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H-7

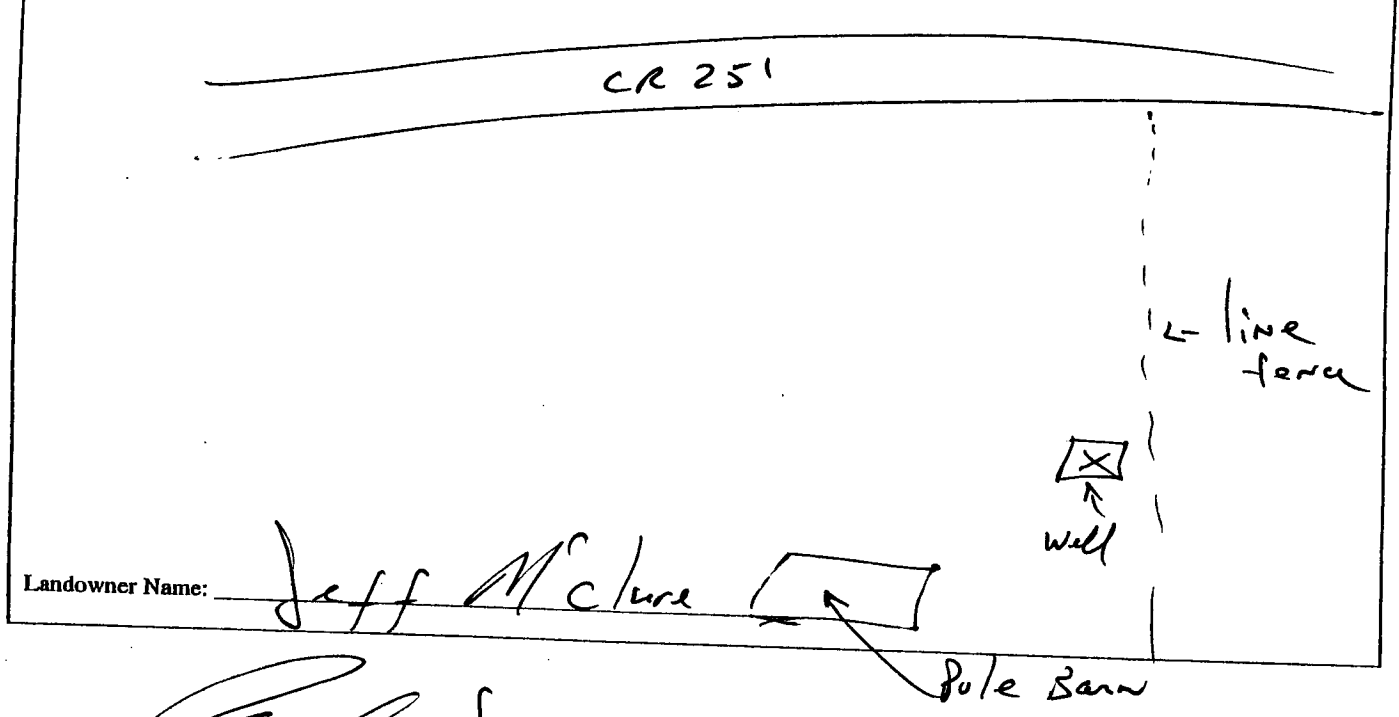
If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
Top Gumbo	0	20
Blue Clay	20	60
Silty Clay	60	90
Brown Sand	90	115

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.



Signature of Water Well Contractor

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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 #: H-7
 Elevation: _____

County: Lafayette
 Permit #: _____
 Driller: Leeper Drilling
 Date completed: 4-24-07

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	Well Location
Owner Name: <u>Jeff McClure</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>20 Oxford Housing Authority</u> <u>900 Molly Barr Rd</u> <u>Oxford, MS 38655</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>3</u> Twn <u>8 S</u> Rng <u>1 W</u>
Telephone No. <u>(662) 234-7525</u>	Distance _____ Direction _____ Nearest Town _____
	<u>14</u> Miles <u>E</u> of <u>Oxford</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket: Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	Electric Motor <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4 HP</u>
Date Pump Installed: <u>4-24-07</u>	Setting Depth: <u>70</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>4-24-07</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input checked="" type="checkbox"/>
Static Water Level (A): <u>24</u> Feet <input checked="" type="checkbox"/> 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 of Pump Installer: [Signature]

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 MAY 15 2007
 BY: OLWR