

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 #: J-75
L. S. Elevation: _____
E-log #: _____

County: Lafayette
Permit #: _____
Driller: Leaper Drilling
Date drilling completed: 11-8-07

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

Owner Name: Rod Nicholas #1
Mailing Address: 844 CR 313
Oxford MS 38655
City, State Zip Code
Telephone No. (662) 281-1134

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 19 Twn 95 Rng 4W
Distance Direction Nearest Town
8 Miles SW of Oxford

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: LANDSCAPE
Date well drilling started: 11-8-07 Date well drilling completed: 11-8-07
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 55 feet above or below (circle one) land surface Date measured: 11-9-07
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 118ft Well depth: 118ft Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 98 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 98 feet to 118 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.

Leaper Drilling # 0079

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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NOV 29 2007

BY: OLWF

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 #: J-25

Elevation: _____

County: LA-fayette

Permit #: _____

Driller: Leeper Drilling

Date completed: 11-10-07

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: Ron Nicholas #1

Mailing Address: 844 CR 313

Oxford MS 38655
City / State Zip Code

Telephone No. (662) 281-1134

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 19 Twn 9S Rng 4W

Distance _____

Direction _____

Nearest Town _____

8 Miles

SW of

Oxford

Pump Type Circle one

Air Lift

Jet

Submersible

Bucket

Piston

Turbine

Centrifugal

Rotary

Flowing Well

Other (specify): _____

Date Pump Installed: 11-10-07

Rated Pump Capacity: 40 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 HP

Setting Depth: 105 ft feet

Number of Stages: 14

Pump Test Data

Date Well Tested: 11-9-07

Static Water Level (A): 55 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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NOV 29 2007

BY: OLWR