

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-78
L. S. Elevation: _____
E-log #: _____

County: Lafayette
Permit #: _____
Driller: Leeper Drilling
Date drilling completed: 11-13-08

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: Sean Carothers
Mailing Address: RTD
Taylor MS 38673
City, State, Zip Code
Telephone No. (601) 601-842-4343

Well Location

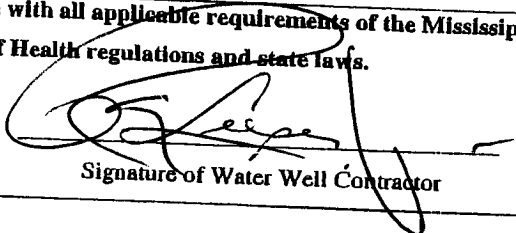
Latitude: _____ Longitude: _____
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
____ 1/4 ____ 1/4 Sec 25 Twn 4W Rng 9S
Distance _____ Direction _____ Nearest Town _____
1 Miles E of Taylor

Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 11-13-08 Date well drilling completed: 11-13-08
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 5 feet above or below (circle one) land surface Date measured: 11-4-08
Method of Measurement (circle one): steel tape electric tape air line other: _____
Hole depth: 60 ft Well depth: 60 ft Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 40 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 40 feet to 60 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.

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

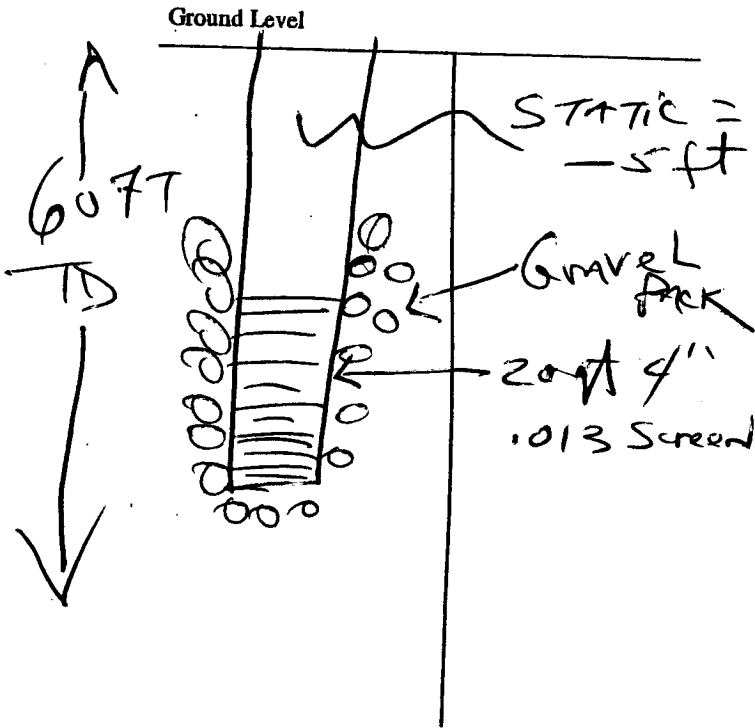
Signature of Water Well Contractor 

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BY: OLWR

If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
TOP CLAY	0	5
Red Sand	0	30
White Sand	30	60

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.

Home

Well

DRIVE

Hwy 328

Landowner Name: SEAN CAROTHERS

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 #: J-78

Elevation: _____

County: Lafayette
Permit #: _____
Driller: Leeper Drilling
Date completed: 11-14-08

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>Sean Carothers</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>RFD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS		
<u>Taylor MS 38673</u>	<u>1/4</u> <u>1/4</u> Sec <u>25</u> Twn <u>4N</u> Rng <u>9E</u>	Distance _____	Direction _____
City / State / Zip Code		Nearest Town <u>9E</u> <u>4W</u>	
Telephone No. <u>(601) 842-4343</u>	<u>1</u> Miles <u>E</u> of <u>TAYLOR</u>		

Pump Type Circle one		Power Type Circle one		
Air Lift	Jet	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Windmill	Other (specify): _____	
Other (specify): _____	Submersible	Horse Power Rating of Motor: <u>3 HP</u>		
Date Pump Installed: <u>11-14-08</u>	Turbine	Setting Depth: <u>40</u> feet		
Rated Pump Capacity: <u>45</u> Gallons Per Minute	Flowing Well	Number of Stages: <u>11</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: <u>11-14-08</u>	Static Water Level (A): <u>5</u> Feet <u>Below</u> Land Surface	Air Line	Electric Measuring Line
Pumping Water Level (B): _____ Feet Below Land Surface	Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Other (specify): _____	Steel Tape
Test Pumping Rate: _____ Gallons Per Minute	Duration of Pump Test (minimum 4 hours): _____ hours	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