

County: Lafayette  
 Permit #: \_\_\_\_\_  
 Driller: Leeper Drilling  
 Date drilling completed: 8-12-10

# 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: J81  
 Well #: \_\_\_\_\_  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

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: Bobby R. Davis  
 Mailing Address: CR 367  
Oxford MS 38655  
 City State Zip Code  
 Telephone No. (601) 569-1956

### Well Location

Latitude: 34.16.40 Longitude: 89.41.01  
 Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS  
NW 1/4 NW 1/4 Sec 25 Twn 9S Rng 5W  
 Distance Direction Nearest Town  
8 Miles SW of Oxford

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
 Date well drilling started: 8-12-10 Date well drilling completed: 8-12-10  
 If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
 Static Water Level: 100 feet above or below (circle one) land surface Date measured: 8-13-10  
 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: 180 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 150 feet to 200 feet  
 Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
 Other (describe): \_\_\_\_\_  
 Top of tap 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

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 AUG 16 2010  
 BY: OLWR



# 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: Leaper Drilling  
 Date completed: 8-13-10

For Office Use Only:  
 Aquifer: J81  
 Well #: \_\_\_\_\_  
 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>Bobby R. Davis</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>CR 367</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	USGS quad, Hand-held GPS, Survey-grade GPS		
Telephone No. <u>(601) 569-1956</u>	Distance <u>8</u> Miles	Direction <u>SW</u>	Nearest Town <u>Oxford</u>

Pump Type Circle one			Power Type Circle one		
Air Lift	Jet	<u>Submersible</u>	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	<u>Electric Motor</u>	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>1HP</u>		
Date Pump Installed: <u>8-13-10</u>			Setting Depth: <u>140</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>8-13-10</u>	Air Line	Electric Measuring Line	<u>Steel Tape</u>
Static Water Level (A): <u>100</u> Feet Below Land Surface	Other (specify): _____		
Pumping Water Level (B): <u>100</u> 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.  
Leaper Drilling # 0079  
 Print Name of Pump Installer and License No. (if applicable) \_\_\_\_\_  
 Signature of Pump Installer: [Signature]

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 AUG 16 2010  
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