

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 83

L. S. Elevation: _____

E-log #: _____

County: Lafayette

Permit #: _____

Driller: Leeper Drilling

Date drilling completed: 11-10-11

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: Adam Tyson

Mailing Address: CR 334

Taylor MS
City State Zip Code

Telephone No. (662) 701-1379

Well Location

Latitude: 34° 18' 67" Longitude: 89° 35' 72"
40 43

Method of Lat/Long (circle one): Conventional Survey, _____

USGS quad, Hand-held GPS, Survey-grade GPS

SW 1/4 SW 1/4 Sec 18 Twn 9S Rng 4W

Distance 7 Miles Direction SW of Nearest Town Oxford

Well Data

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

Date well drilling started: 11-10-11 Date well drilling completed: 11-10-11

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

Static Water Level: 40 feet above or below (circle one) land surface Date measured: 11-11-11

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

Hole depth: 92 ft Well depth: 92 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 72 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 72 feet to 92 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]
Signature of Water Well Contractor

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DEC 07 2011

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)

For Office Use Only:

Aquifer: _____
Well #: J83
Elevation: _____

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

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>Adam Tyson</u>	Latitude: <u>39° 18.671</u>	Longitude: <u>89 35.727</u>	
Mailing Address: <u>CR 334</u>	Method of Lat/Long (circle one): Conventional Survey,		
<u>Taylor MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
City / State / Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>15</u> Twn <u>9S</u> Rng <u>4W</u>		
Telephone No. <u>662 701-1379</u>	Distance <u>7</u> Miles	Direction <u>SW</u>	Nearest Town <u>Oxford</u>

Pump Type Circle one		Power Type Circle one	
Air Lift	Jet	Diesel Engine	Gasoline Engine
Bucket	Piston	<u>Electric Motor</u>	Natural Gas
Centrifugal	Rotary	Hand	Tractor PTO
Other (specify): _____	Submersible	Windmill	Other (specify): _____
Date Pump Installed: <u>11-11-11</u>	Turbine	Horse Power Rating of Motor: <u>3/4</u> HP	
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Flowing Well	Setting Depth: <u>80</u> feet	
		Number of Stages: <u>8</u>	

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: <u>11-11-11</u>	Air Line	Electric Measuring Line	<u>Steel Tape</u>
Static Water Level (A): <u>40</u> Feet <u>Below</u> 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 _____

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DEC 07 2011
BY: OLWR