

# STATE WELL REPORT

## Part 1

### Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225-2309  
(601)961-5210  
(601)360-0535 (fax)

#### For Office Use Only:

Well #: 587  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Lafayette  
Permit #: \_\_\_\_\_  
Driller: Leaper Drilling  
Date drilling completed: 11-20-13

*State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.*

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Cherene Cambell</u>	Latitude: <u>34° 20.162</u> Longitude: <u>89° 37.612</u> <span style="margin-left: 100px;"><small>10</small></span> <span style="margin-left: 100px;"><small>37</small></span>
Mailing Address: <u>CR 309</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, <u>Hand-held GPS</u> , Survey-grade GPS _____
<u>Oxford, MS</u> <u>38655</u>	<u>NE</u> ¼ <u>NW</u> ¼, Sec <u>4</u> T <u>55</u> R <u>4W</u>
City State Zip Code	<u>6</u> Miles <u>SW</u> of <u>Oxford</u>
Telephone No. <u>(601) 609-1239</u>	(Distance) (Direction) (Nearest Town)

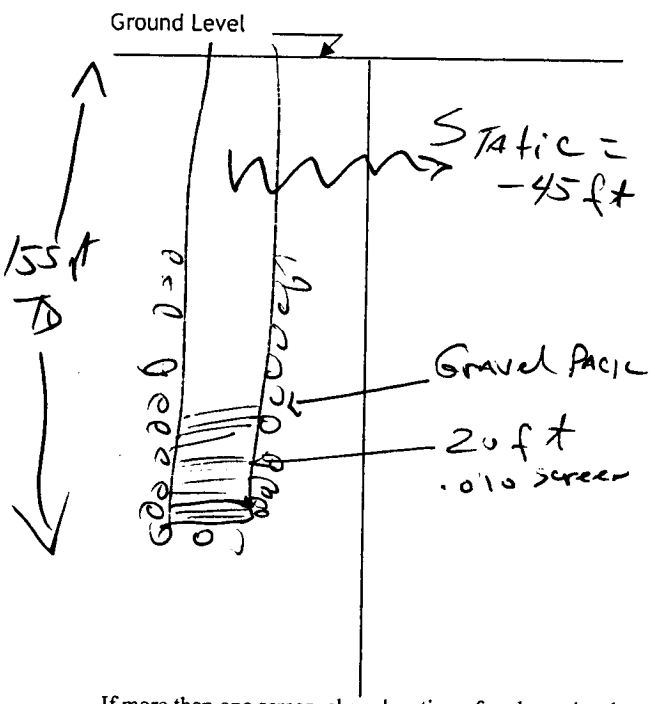
Well / Borehole Data
Date drilling started: <u>11-20-13</u> Date drilling completed: <u>11-20-13</u> Hole depth: <u>155 ft</u> Hole diameter: <u>4"</u>
Location of the source of any surface water used for drilling: <u>well water</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>&gt; 5 ppm</u>
Logs run (circle all applicable): No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): <u>Water Well</u> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (circle all applicable): <u>Home</u> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/>
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>45</u> feet [above of <u>below</u> ] land surface (circle one) Date measured: <u>11-21-13</u>
Method of measurement (circle one): <u>Steel tape</u> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>155 ft</u> Well grouted to a depth of: _____ feet Type of grout (circle one): Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix <input type="checkbox"/>
Casing length: <u>135</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>135</u> feet to <u>155</u> feet
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development <input type="checkbox"/>
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet
<i>If telescoped or more than one screen, describe on next page</i>

County: Lafayette  
 Permit #: \_\_\_\_\_

For Office Use Only:  
 Well #: J87

The sketch below only required for water wells  
If well telescopes, show depths on sketch.

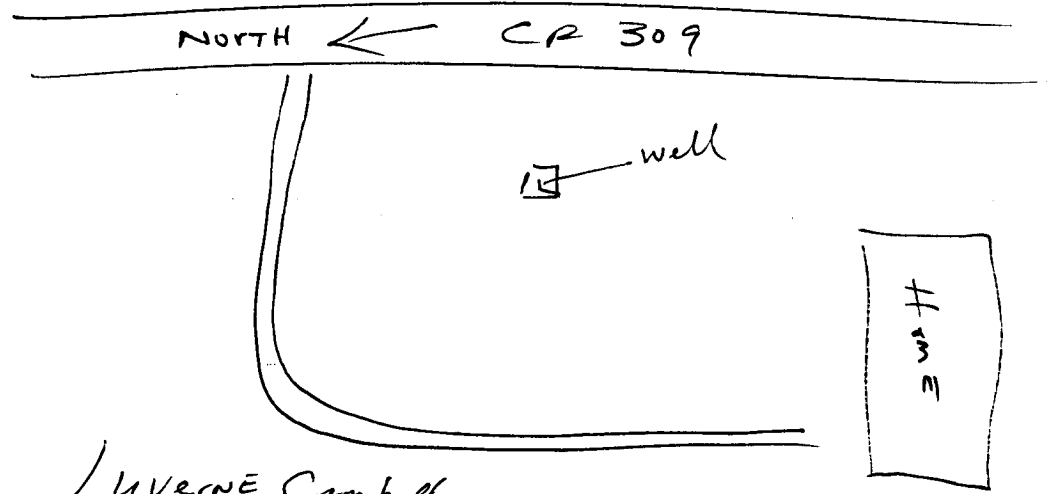
Description of formations encountered must be provided for all wells  
and boreholes, unless specifically exempted by regulations



Description of Formations Encountered	From (depth)	To (depth)
Top Clay	Ground level	10
Brown Sand	10	45
White Sand	45	155

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) north arrow



Landowner Name: LIVERNE Campbell

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Leeper Drilling # 0079

11-21-13

[Signature]

Print Name of Responsible Licensee and License No. \_\_\_\_\_ Date \_\_\_\_\_ Signature of Licensee \_\_\_\_\_

# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225-2309  
 (601)961-5210  
 (601) 360-0535 (fax)

County: Lafayette  
 Permit #: \_\_\_\_\_  
 Driller: Leeper Drilling  
 Date completed: 11-21-13  
 Copy information from block on Part 1

**For Office Use Only:**

Well #: J87  
 Aquifer: \_\_\_\_\_

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>Luverne Campbell</u>	Latitude: <u>34° 20.162</u> Longitude: <u>89° 37.612</u>
Mailing Address: <u>CR 309</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, <u>Hand-held GPS</u> , Survey-grade GPS _____
City: <u>Oxford, MS</u> State: <u>MS</u> Zip Code: <u>38655</u>	<u>1/4</u> _____ <u>1/4</u> , Sec <u>4</u> T <u>9S</u> R <u>9W</u>
Telephone No. <u>(662) 607-1239</u>	<u>6</u> Miles <u>SW</u> of <u>Oxford</u> (Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_

Date Pump Installed: \_\_\_\_\_ Rated Pump Capacity: 10 Gallons Per Minute

Is This Pump (circle one):  New  Repaired  Replacement

**Power Type (circle one)**

Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 3/4 HP Setting Depth: 80 feet Number of Stages: 11

**Pump Test Data for Non Flowing Well**

Date Well Tested: 11-21-13 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

Static Water Level (A): 45 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

Method of measurement (circle one):  Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**

Measured shut in head: \_\_\_\_\_ feet.

Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**

Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_

Meter Model Number/Name: \_\_\_\_\_ Type of Meter: REMOVED

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_

Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_

Is This Meter (circle one):  New  Repaired  Replacement REMOVED

*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

LEEPER Drilling # 0079 11-21-13 [Signature]

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer