

# 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 #: K 44  
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: CARRIE ROSS  
Mailing Address: 263 Old Taylor Rd  
Oxford, MS 38655  
City State Zip Code  
Telephone No. 662 801-5398

### Well Location

Latitude: 34° 19' 70" Longitude: 89° 33' 62"  
Method of Lat/Long (circle one): 42 Conventional Survey, 37  
USGS quad, Hand-held GPS, Survey-grade GPS  
NW 1/4 SW 1/4 Sec 6 Twn 9 S Rng 3 W  
Distance 3 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: 11-8-11 Date well drilling completed: 11-8-11  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 115 feet above or below (circle one) land surface Date measured: 11-9-11  
Method of Measurement (circle one): steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 145 ft Well depth: 145 ft Well grouted to a depth of 10 feet  
Type of grout (circle one): Cement Bentonite Mix  
Casing length: 125 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 125 feet to 145 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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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 #: K44  
Elevation: \_\_\_\_\_

County: LA-fayette  
Permit #: \_\_\_\_\_  
Driller: Zeeper Drilling  
Date completed: 11-9-11

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

Owner Name: Carrie Ross  
Mailing Address: 263 Old Taylor Rd  
Oxford MS 38655  
City State Zip Code  
Telephone No. 662, 801-5398

### Well Location

Latitude: 34° 19.705 Longitude: 89.33628  
Method of Lat/Long (circle one): Conventional Survey,  
USGS quad (Hand-held GPS) Survey-grade GPS  
\_\_\_\_ 1/4 \_\_\_\_ 1/4 Sec 6 Twn 9S Rng 3W  
Distance Direction Nearest Town  
3 Miles SW of Oxford

### Pump Type Circle one

Air Lift Jet Submersible  
Bucket Piston Turbine  
Centrifugal Rotary Flowing Well

Other (specify): \_\_\_\_\_

Date Pump Installed: 11-9-11

Rated Pump Capacity: 10 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: 3/4 HP

Setting Depth: 140 feet

Number of Stages: 8

### Pump Test Data

Date Well Tested: 11-9-11

Static Water Level (A): 115 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.

Zeeper Drilling #0079  
Print Name of Pump Installer and License No. (if applicable)

[Signature]  
Signature of Pump Installer

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DEC 07 2011

BY: OLWR