

# 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 #: M-18  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Lafayette  
Permit #: \_\_\_\_\_  
Driller: Leaper Drilling  
Date drilling completed: Aug 15, 06

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	Well Location
Owner Name: <u>Mr. Jim Goulding</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>10 CR 457</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	<u>1/4 20 Twn 9S Rng 1W</u>
Telephone No. <u>(662) 832-1864</u>	Distance <u>8</u> Miles Direction <u>SE</u> of Nearest Town <u>Oxford</u>

### Well Data

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

Date well drilling started: Aug 15, 06 Date well drilling completed: Aug 15, 06

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) August 18, 06

Static Water Level: 60 feet above or below (circle one) land surface Date measured: August 16, 06

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

Hole depth: 190 ft Well depth: 190 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 175 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 15 feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 175 feet to 190 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]  
Signature of Water Well Contractor

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SEP 28 2006  
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 #: M-18  
 Elevation: \_\_\_\_\_

County: Lafayette  
 Permit #: \_\_\_\_\_  
 Driller: Leeper Drilling  
 Date completed: Aug 18 06

**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>Tim Goulding</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>10 CR 457</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	_____ 1/4 _____ 1/4 Sec <u>20</u> Twn <u>9S</u> Rng <u>1W</u>
Telephone No. <u>663 832-1864</u>	Distance Direction Nearest Town <u>8</u> Miles <u>SE</u> of <u>Oxford</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4 HP</u>
Date Pump Installed: <u>8-18-06</u>	Setting Depth: <u>100</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>8-18-06</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>60</u> Feet Below 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]  
 Signature of Pump Installer

**RECEIVED**

SEP 28 2006

BY: OLWF