

County: Lafayette
 Permit #: _____
 Driller: Leeper Drilling
 Date drilling completed: 6-15-07

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 #: Q-17
 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	Well Location
Owner Name: <u>Linda Harwood</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>792 Hiway 7 South</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City: <u>Oxford MS</u> State: <u>MS</u> Zip Code: <u>38655</u>	_____ 1/4 _____ 1/4 Sec <u>6</u> Twn <u>10 S</u> Rng <u>3 W</u>
Telephone No. <u>662 281-8963</u>	Distance _____ Miles Direction <u>South</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: 6-15-07 Date well drilling completed: 6-15-07

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

Static Water Level: 15 feet above or below (circle one) land surface Date measured: 6-16-07

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

Hole depth: 37 ft Well depth: 37 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 22 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 22 feet to 37 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

RECEIVED
 JUL 02 2007
 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: Leeper Drilling
Date completed: 6-16-07

For Office Use Only:
Aquifer: _____
Well #: Q-17
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>Linda Harwood</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>792 Highway 7 South</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS		
<u>Oxford MS 38655</u>	<u>1/4</u> <u>1/4</u> Sec <u>6</u> Twn <u>13 S</u> Rng <u>3W</u>	Distance	Direction
City / State / Zip Code		<u>8</u> Miles	<u>South</u> of <u>Oxford</u>
Telephone No. <u>663 281-8963</u>	Nearest Town		

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>3/4 HP</u>		
Date Pump Installed: <u>6-16-07</u>			Setting Depth: <u>30</u> feet		
Rated Pump Capacity: <u>10</u> Gallons Per Minute			Number of Stages: <u>8</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: <u>6-16-07</u>	Static Water Level (A): <u>15</u> Feet <u>Below</u> Land Surface	Air Line	Electric Measuring Line
Pumping Water Level (B): _____ Feet Below Land Surface	Drawdown [(B) - (A)]: _____ Feet Below Land Surface	<u>Steel Tape</u>	
Test Pumping Rate: _____ Gallons Per Minute	Duration of Pump Test (minimum 4 hours): _____ hours	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.
Leeper Drilling # 0079
Print Name of Pump Installer and License No. (if applicable) _____
Signature of Pump Installer _____

RECEIVED
JUL 02 2007
BY: OLWR