

# 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: C 59  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: ~~Pratt~~ LEE  
Permit #: \_\_\_\_\_  
Driller: Leeper Drilling  
Date drilling completed: 11/17/10

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: MARK DAVIDSON  
Mailing Address: PRATT 650 PRATT ROAD  
Baldwyn, MS 38624  
City State Zip Code  
Telephone No. (662) 322-8187

### Well Location

Latitude: 34.28.54 " Longitude: 88.33.09 "  
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS  
92 1/4 SW 1/4 Sec 10 Twn 7S Rng 7E  
Distance Direction Nearest Town  
4 Miles EAST of Baldwyn

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: 11/16/10 Date well drilling completed: 11/17/10  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 30 feet above or below (circle one) land surface Date measured: 11-18-10  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 265 ft Well depth: 265 ft Well grouted to a depth of 10 feet  
Type of grout (circle one): Cement Bentonite Mix  
Casing length: 245 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 245 feet to 265 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.

Print Name of Water Well Contractor and License No. Leeper Drilling #0079

Signature of Water Well Contractor [Signature]

**RECEIVED**  
**DEC 15 2010**  
**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: ~~Franklin~~ LEE  
Permit #: \_\_\_\_\_  
Driller: Leaper Drilling  
Date completed: 11-18-10

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: \_\_\_\_\_  
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>MARK DAVIDSON</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>680 Pratt rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS		
<u>Baldwyn MS</u>	<u>1/4</u> <u>1/4</u> Sec <u>10</u> Twn <u>7S</u> Rng <u>7E</u>	Distance	Direction
City State Zip Code	<u>4</u> Miles <u>EAST</u> of <u>Baldwyn</u>		Nearest Town
Telephone No. <u>(662) 322-8187</u>			

Pump Type Circle one		Power Type Circle one		
Air Lift	Jet	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Windmill	Other (specify): _____	
Other (specify): _____	Flowing Well	Horse Power Rating of Motor: <u>3/4 HP</u>	Setting Depth: <u>100</u> feet	Number of Stages: <u>8</u>
Date Pump Installed: <u>11-18-10</u>				
Rated Pump Capacity: <u>10</u> Gallons Per Minute				

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: <u>11-18-10</u>	Air Line	Electric Measuring Line	Steel Tape
Static Water Level (A): <u>30</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.  
Leaper Drilling # 0079  
Print Name of Pump Installer and License No. (if applicable) \_\_\_\_\_  
Signature of Pump Installer \_\_\_\_\_

RECEIVED  
DEC 15 2010  
BY: OLWR