

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 #: E103
L. S. Elevation: _____
E-log #: _____

County: LEE
Permit #: _____
Driller: Leaper Drilling
Date drilling completed: 12-21-11

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: Jama Johnson
Mailing Address: 760 Hwy 363
Saltville, MS 38864
City State Zip Code
Telephone No. (662) 869-5768

Well Location

Latitude: 34° 22' 53" Longitude: 88° 38' 57"
Method of Lat/Long (circle one): Hand-held GPS Conventional Survey, Survey-grade GPS
USGS quad, SE 1/4 SE 1/4 Sec 15 Twn 8S Rng 6E
Distance 3 Miles Direction E of Nearest Town Saltville

Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 12-14-11 Date well drilling completed: 12-21-11
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 160 feet above or below (circle one) land surface Date measured: 12/22/11
Method of Measurement (circle one): steel tape electric tape air line other: _____
Hole depth: 420 ft Well depth: 420 ft Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 390 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: .010 inches Setting depth: From 390 feet to 420 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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JAN 23 2012
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 #: E103
 Elevation: _____

County: Lee
 Permit #: _____
 Driller: Leaper Drilling
 Date completed: 12/22/11

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	Well Location
Owner Name: <u>James Johnson</u>	Latitude: <u>N 34° 22' 22.856"</u> Longitude: <u>W 88° 38' 45.4"</u>
Mailing Address: <u>760 Hwy 363</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Saltillo MS 38866</u>	USGS quad, _____
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>14</u> Twn <u>8 S</u> Rng <u>6 E</u>
Telephone No. <u>(662) 869-5768</u>	Distance _____ Direction _____ Nearest Town _____
	<u>3</u> Miles <u>E</u> of <u>Saltillo</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2 HP</u>
Date Pump Installed: <u>12/22/11</u>	Setting Depth: <u>220</u> feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12/22/11</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>160</u> Feet <u>Below</u> 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 _____

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 JAN 23 2012
 BY: OLWR