

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 #: N-95
L. S. Elevation: _____
E-log #: _____

County: LEE
Permit #: _____
Driller: Leeper Drilling
Date drilling completed: 7-5-05

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>CASEY BRUCE</u>	Latitude: <u>39.07.22</u> Longitude: <u>88.43.37</u>
Mailing Address: <u>16 CR 516</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>SHANNON MS 38868</u> City State Zip Code	<u>1/4 C 1/4 Sec 13 Twn 11S Rng 5E</u>
Telephone No. <u>(602) 231-9653</u>	Distance <u>2</u> Miles Direction <u>NW</u> of Nearest Town <u>SHANNON</u>

Well Data

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

Date well drilling started: July 1, 2005 Date well drilling completed: July 5, 2005

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

Static Water Level: 90 feet above or below (circle one) land surface Date measured: 7-6-05

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

Hole depth: 470' Well depth: 470' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 260 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 430 feet to 470 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.

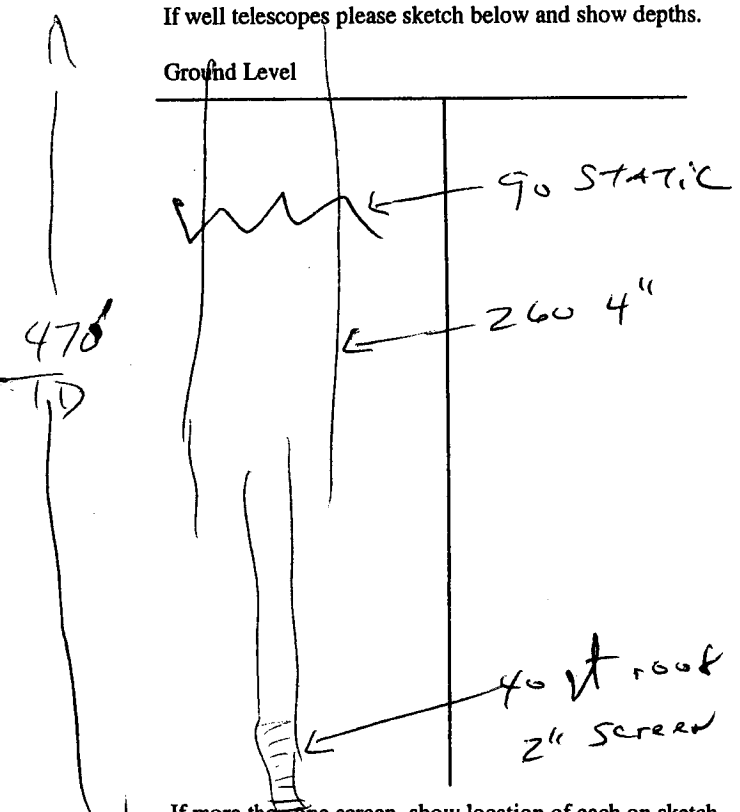
[Signature]
Signature of Water Well Contractor

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N-95

If well telescopes please sketch below and show depths.

Ground Level

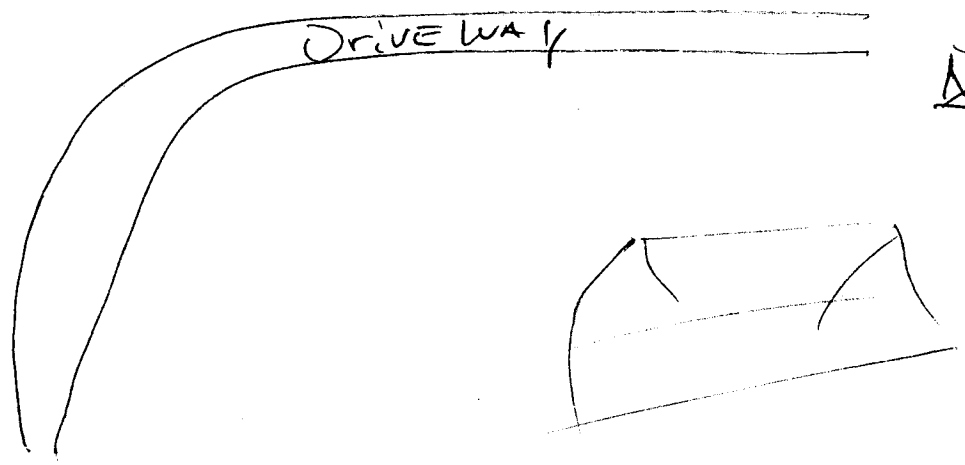


Description of Formations Encountered	From	To
TOP CLAY	0	20
Blue Clay	20	80
CHALK	80	300
Greenish SILTY CLAY	300	430
EUTAW SAND	430	470

40 ft roof
2" screen

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Landowner Name: Casey Bruce

[Signature]
Signature of Water Well Contractor

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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 #: N-950

Elevation: _____

County: LEE

Permit #: _____

Driller: Leeper Drilling

Date completed: 7/8/05

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: CASBY BRUCE

Mailing Address: 16 CR 516

Shannon MS 38864
City State Zip Code

Telephone No. (662) 231-9653

Well Location

Latitude: _____ Longitude: _____

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS, Survey-grade GPS

_____ 1/4 _____ 1/4 Sec 13 Twn 11 S Rng 50

Distance Direction Nearest Town

2 Miles NW of Shannon

Pump Type

Circle one

Air Lift Jet Submersible

Bucket Piston Turbine

Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 7-8-05

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: _____

Setting Depth: 140 feet

Number of Stages: 11

Pump Test Data

Date Well Tested: 7-6-05

Static Water Level (A): 90 Feet 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.

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

[Signature]
Signature of Pump Installer

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