

*Leffore*

# State Well Report

## Part I

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 #: P-140  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Humphreys  
Permit #: 60041149  
Driller: Matt  
Date drilling completed: 5/12/06

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>Pattor + Family, LLC</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 248</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input checked="" type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Pellissippi</u> MS <u>38574</u>	<u>NW 1/4 SE 1/4</u> Sec <u>13</u> Twn <u>17N</u> Rng <u>2W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 247-1632</u>	<u>3</u> Miles <u>EAST</u> of <u>Marion</u> city MS.

**Well Data**

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

Date well drilling started: 5/12/06 Date well drilling completed: 5/12/06

If flowing, method of flow regulation: Valve N/A Other (describe) N/A

Static Water Level: 34 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

Method of Measurement (circle one) steel tape  electric tape  air line other: N/A

Hole depth: 120 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one):  Cement  Bentonite  Mix

Casing length: 80 feet Casing diameter: 16 inches Type of casing: P.V.C.

Screen length: 40 feet Screen diameter: 16 inches Type of screen: P.V.C.

Screen slot size: 1/20 inches Setting depth: From \_\_\_\_\_ feet to 120 feet

Type of completion (circle all applicable):  Gravel packed  Underreamed  Telescoped  Open hole  Natural Development  
Other (describe): N/A

Top of lap pipe or reduction in casing: N/A 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: N/A

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.

Robert Beyer  
Print Name of Water Well Contractor and License No.

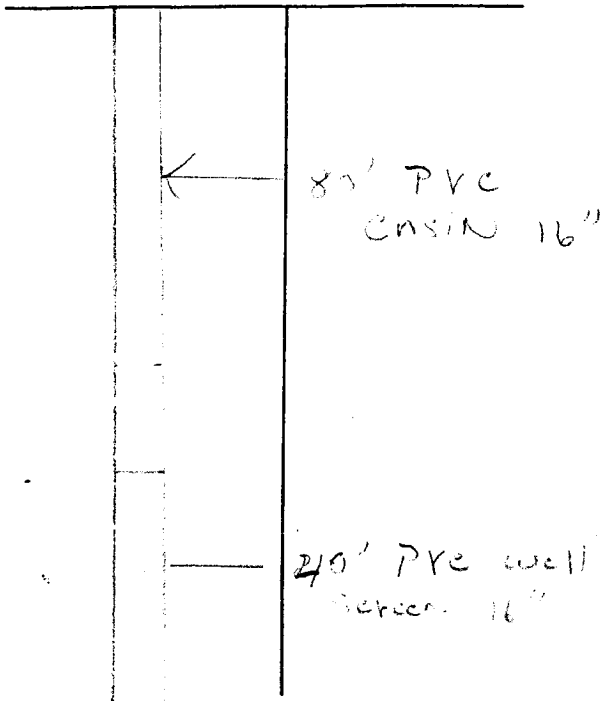
Robert Beyer  
Signature of Water Well Contractor

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P-140

If well telescopes please sketch below and show depths.

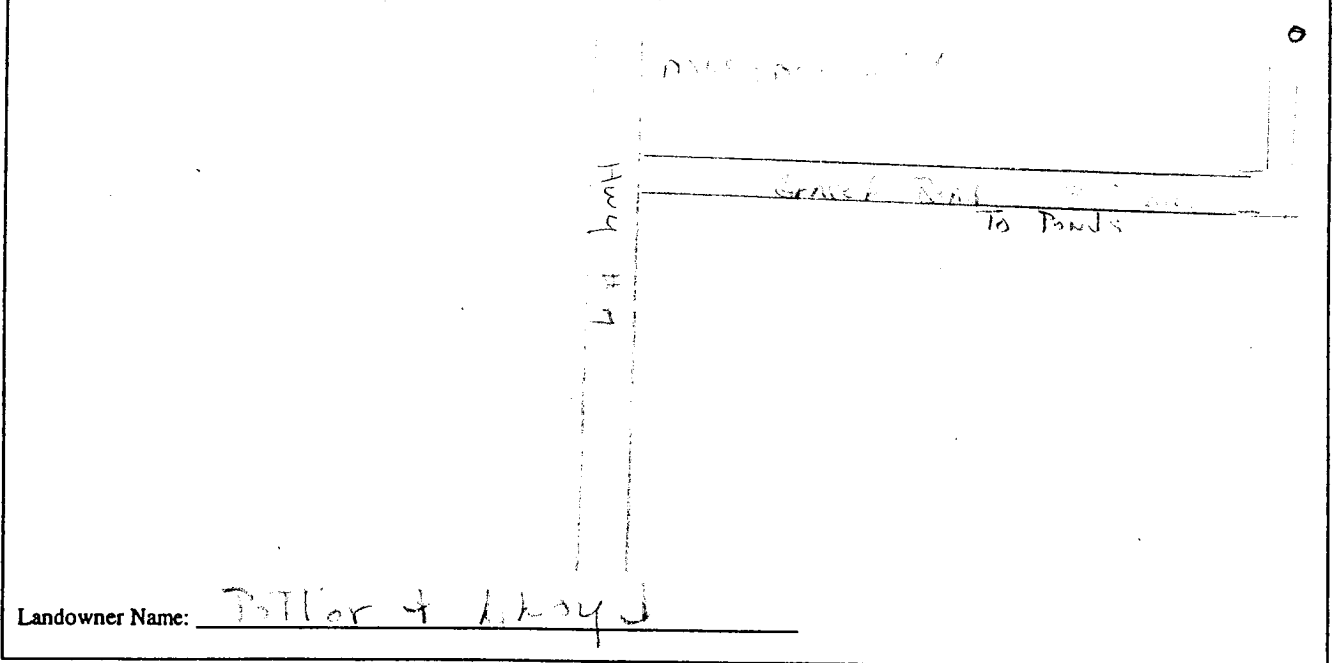
Ground Level



Description of Formations Encountered	From	To
CLAY	0	40
med sand	40	50
med B coarse sand	50	60
coarse sand + gravel	60	120

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.



Robert Beyer  
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)

County: Leflore  
 Permit #: 60041149  
 Driller: \_\_\_\_\_  
 Date completed: \_\_\_\_\_

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: P-140  
 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>Potter + Lloyd LLC</u> Mailing Address: <u>P.O. Box 298</u> _____ <u>Robert</u> <u>MS</u> <u>39289</u> City State Zip Code Telephone No. (____) _____	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <input checked="" type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>13</u> Twn <u>17N</u> Rng <u>2W</u> Distance Direction Nearest Town <u>3</u> Miles <u>EAST</u> of <u>Morgan City MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston <input checked="" type="radio"/> Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: _____ Rated Pump Capacity: <u>2500</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <input checked="" type="radio"/> Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: _____ Setting Depth: <u>70</u> feet Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2/11</u> Static Water Level (A): _____ Feet Below 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	Air Line <input checked="" type="radio"/> Electric Measuring Line <input type="radio"/> 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.

Robert Byars 0-543 Robert Byars  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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