

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 #: B-149
L. S. Elevation: _____
E-log #: _____

County: PONTIAC
Permit #: _____
Driller: Leeper Drilling
Date drilling completed: 7/26/05

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>Danny Swords</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>158 Swords Lane</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>PONTIAC MS 38863</u>	<u>1/4 1/4 Sec 33 Twn 8S Rng 2E</u>
City: _____ State: _____ Zip Code: _____	Distance: _____ Miles Direction: <u>W</u> of Nearest Town: <u>ECRY</u>
Telephone No. <u>(662) 489-5683</u>	

Well Data

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

Date well drilling started: 7-25-05 Date well drilling completed: 7-26-05

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 7/27/05

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

Hole depth: 280' Well depth: 280' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 180 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: NONE feet Screen diameter: _____ inches Type of screen: _____

Screen slot size: _____ inches Setting depth: From _____ feet to _____ 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.

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

[Signature]
Signature of Water Well Contractor

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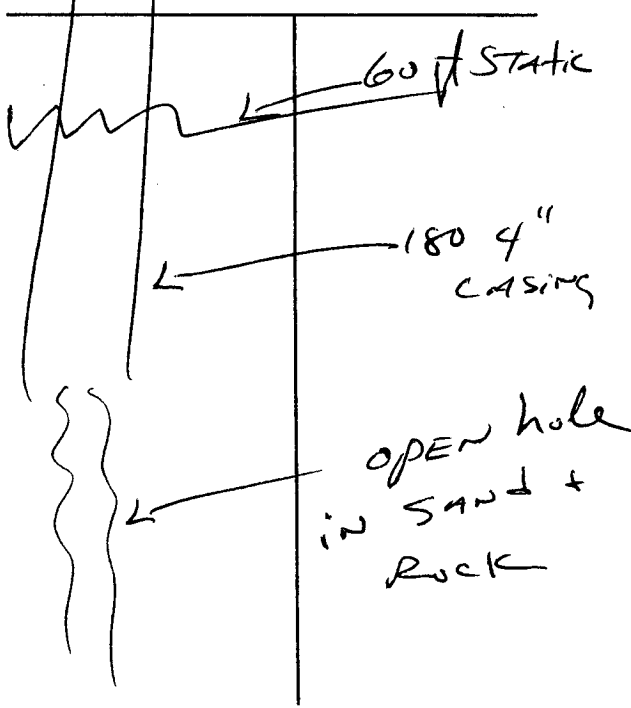
AUG 01 2005

BY: OLWR

B-149

If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
TOP CLAY	0	20
BLUE CLAY	0	120
CHALK + ROCK	120	190
Brown Sand	190	280
and ROCK		

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: Danny Swards

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 #: B-149
 Elevation: _____

County: PONTIAC
 Permit #: _____
 Driller: Leaper Drilling
 Date completed: 7/26/05

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	Well Location
Owner Name: <u>Danny Smith Swords</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>158 Swords Lane</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>PONTIAC MS 38863</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>33</u> Twn <u>8S</u> Rng <u>2E</u>
Telephone No. <u>(662) 489-5683</u>	Distance Direction Nearest Town <u>1</u> Miles <u>W</u> of <u>ECRY</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4 HP</u>
Date Pump Installed: <u>7/26/05</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7/26/05</u>	Air Line Electric Measuring Line <u>Steel Tape</u> <input checked="" type="radio"/>
Static Water Level (A): <u>60</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]
 Signature of Pump Installer

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 AUG 01 2005
 BY: OLWR