

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-150
L. S. Elevation: _____
E-log #: _____

County: PONTIAC
Permit #: _____
Driller: Leeper Drilling
Date drilling completed: 8-17-05

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>Kristian Gayle Ellis</u>	Latitude: _____ " Longitude: _____ "
Mailing Address: <u>44 KITCHENS LN</u> <u>ECRU, MS 38841</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4</u> <u>1/4</u> Sec <u>13</u> Twn <u>9S</u> Rng <u>2E</u>
Telephone No. <u>(662) 404-4929</u>	Distance: <u>4</u> Miles Direction: <u>N</u> of Nearest Town: <u>PONTIAC</u>

Well Data	
Purpose of Well (circle one): <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____	
Date well drilling started: <u>8-17-05</u> Date well drilling completed: <u>8-17-05</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>70</u> feet above or below (circle one) land surface Date measured: <u>8-19-05</u>	
Method of Measurement (circle one): <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>180</u> Well depth: <u>180 ft</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement Bentonite <u>Mix</u>	
Casing length: <u>150</u> feet Casing diameter: <u>4"</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>30</u> feet Screen diameter: <u>4"</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>0.010</u> inches Setting depth: From <u>150</u> feet to <u>180</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> 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.

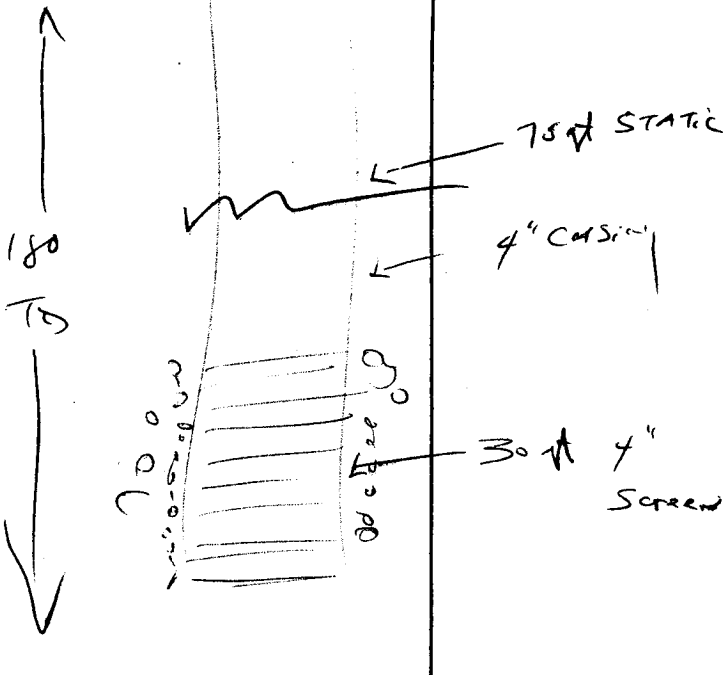
[Signature]
Signature of Water Well Contractor

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B-150

If well telescopes please sketch below and show depths.

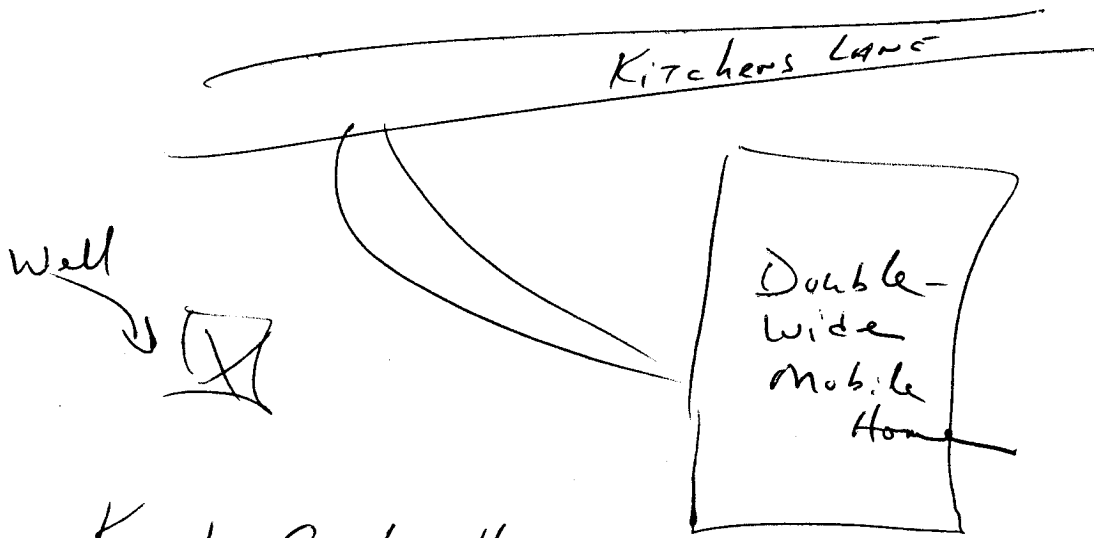
Ground Level



Description of Formations Encountered	From	To
Red Clay	0	20
Blue Clay	20	80
Rock + SAND	80	180

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: Kristin Gayle Ellis

Signature of Water Well Contractor [Handwritten Signature]

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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-150

Elevation: _____

County: Porto Rico
 Permit #: _____
 Driller: Leeper Drilling
 Date completed: 8-19-05

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>Kristin Gayle Ellis</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>44 Kitchens Ln</u>	Method of Lat/Long (circle one): Conventional Survey,
_____	USGS quad, Hand-held GPS, Survey-grade GPS
<u>ECRU MS 38841</u>	_____ 1/4 _____ 1/4 Sec <u>13</u> Twn <u>9S</u> Rng <u>2E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 401-4929</u>	<u>4</u> Miles <u>N</u> of <u>Porto Rico</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> Hand Tractor PTO
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>8-19-05</u>	Setting Depth: <u>170</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>8-19-05</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>70</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
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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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