

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-158
L. S. Elevation: _____
E-log #: _____

County: PONTOTOC
Permit #: _____
Driller: Leaper Drilling
Date drilling completed: 11-18-08

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>Luther Mobile Homes</u>	Latitude: _____ " Longitude: _____ "	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS	
Mailing Address: <u>c/o Kelly Luther</u>	City: <u>PONTOTOC</u> State: <u>MS</u> Zip Code: <u>38863</u>	1/4 _____ 1/4 Sec: <u>33</u> Twp: <u>2E</u> Rng: <u>8S</u>	Distance: <u>4</u> Miles Direction: <u>W</u> of Nearest Town: <u>ECIZCI</u>
Telephone No.: <u>(662) 296-5521</u>			

Well Data

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

Date well drilling started: 11-17-08 Date well drilling completed: 11-18-08

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

Static Water Level: 90 feet above or below (circle one) land surface Date measured: 11-20-08

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

Hole depth: 270 ft Well depth: 270 ft 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: 40 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .013 inches Setting depth: From 230 feet to 270 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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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 #: B-158

Elevation: _____

County: Pontotoc

Permit #: _____

Driller: Leeper Drilling

Date completed: 11-20-08

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: Luther Mobile Homes

Mailing Address: c/o Kelly Luther

Pontotoc MS 38863
City State Zip Code

Telephone No. () _____

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 33 Twn 2E Rng 8S

Distance Direction Nearest Town

1 Miles W of ECR4

Pump Type Circle one

Air Lift

Jet

Submersible

Bucket

Piston

Turbine

Centrifugal

Rotary

Flowing Well

Other (specify): _____

Date Pump Installed: 11-20-08

Rated Pump Capacity: 15 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: 1 HP

Setting Depth: 130 feet

Number of Stages: 14

Pump Test Data

Date Well Tested: 11-20-08

Static Water Level (A): 50 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

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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DEC 03 2008

BY: OLWR