

# 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-159  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: PONTIAC  
Permit #: \_\_\_\_\_  
Driller: Leaper Drilling  
Date drilling completed: 12-14-08

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

Owner Name: Joseph Couper  
Mailing Address: Half Town Road  
ECRL MS 38841  
City, State Zip Code  
Telephone No. (901) 496-1736

### 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 31 Twn 8S Rng 2E  
Distance \_\_\_\_\_ Direction \_\_\_\_\_ Nearest Town \_\_\_\_\_  
1 Miles SOUTH of HURRANE Community

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: 12-13-08 Date well drilling completed: 12-14-08  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 20 feet above or below (circle one) land surface Date measured: 12-15-08  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 290 ft Well depth: 290 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: 30 feet Screen diameter: 2" inches Type of screen: PVC  
Screen slot size: .013 inches Setting depth: From 260 feet to 290 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.

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

Signature of Water Well Contractor [Signature]

RECEIVED

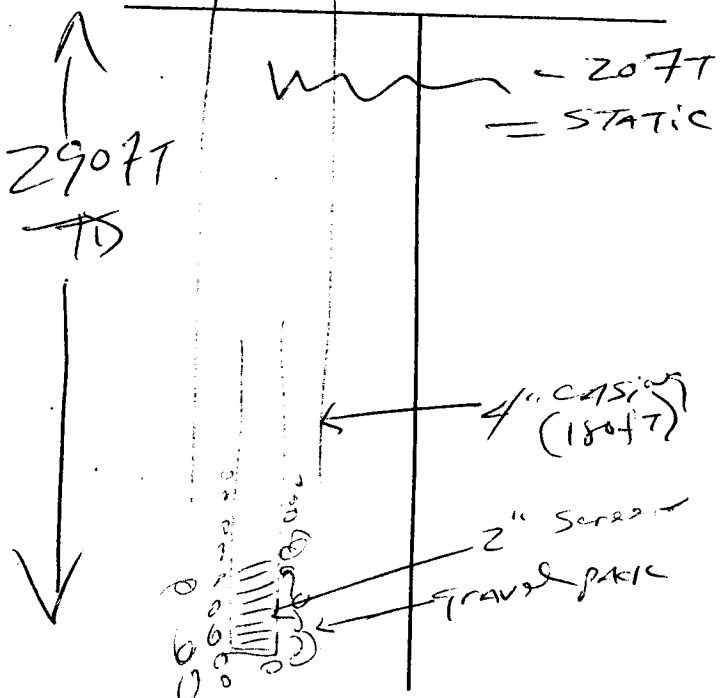
JAN 05 2009

BY: OLWR

B-159

If well telescopes please sketch below and show depths.

Ground Level

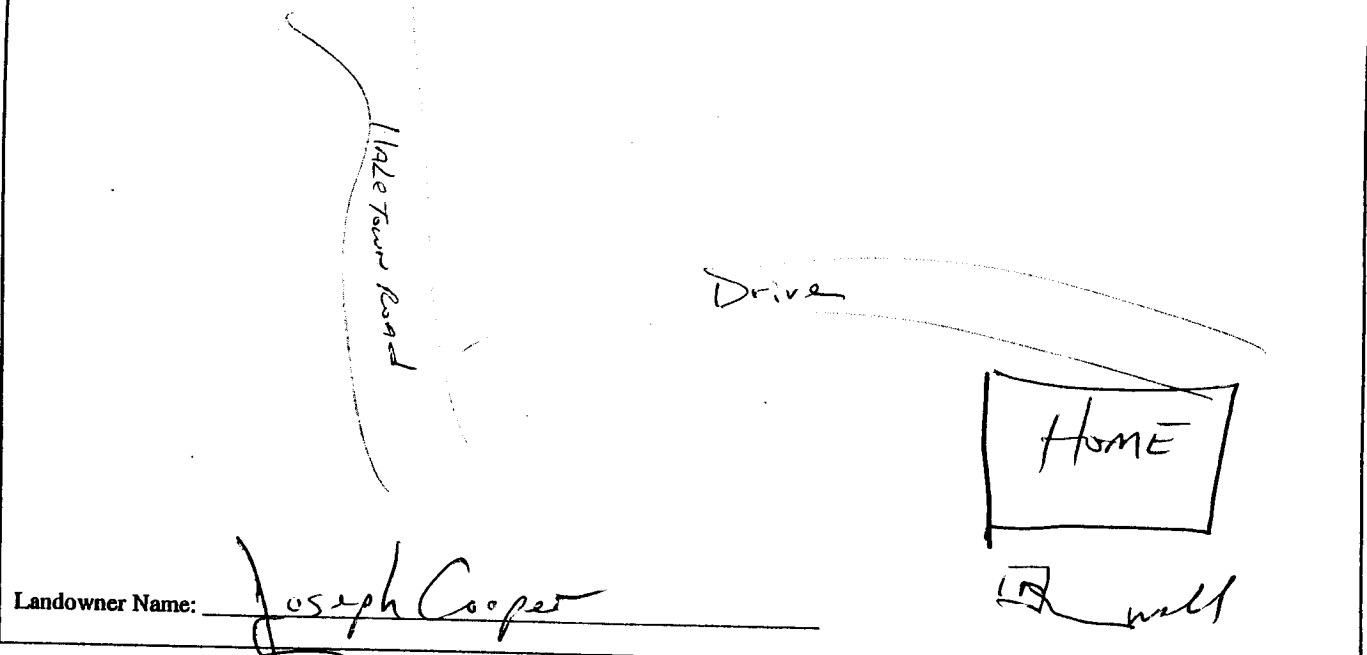


290 FT  
TD

Description of Formations Encountered	From	To
Top Clay	0	20
Blue Clay	20	190
Rock + Silty sand	190	260
Well sand (Ripley)	260	290

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: Joseph Cooper

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: Pontotoc  
Permit #: \_\_\_\_\_  
Driller: Leeper Drilling  
Date completed: 12-15-08

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: B-159  
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>Joseph L Cooper</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Hale Town rd</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>31</u> Twn <u>8S</u> Rng <u>2E</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>901, 496-1736</u>	<u>1</u> Miles <u>SOUTH</u> of <u>HERRICANE Community</u>

Pump Type Circle one	Power Type Circle one
Air Lift Bucket Centrifugal Other (specify): _____ Date Pump Installed: <u>12-15-08</u> Rated Pump Capacity: <u>20</u> Gallons Per Minute	Jet Piston Rotary Flowing Well Diesel Engine Electric Motor Windmill Horse Power Rating of Motor: <u>1 1/2 HP</u> Setting Depth: <u>100</u> feet Number of Stages: <u>14</u>
<u>Submersible</u>	Gasoline Engine Hand Other (specify): _____ Natural Gas Tractor PTO

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-15-08</u>	Air Line Electric Measuring Line Other (specify): _____ <u>Steel Tape</u>
Static Water Level (A): <u>20</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Pumping Water Level (B): _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	
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.  
LEEPER Drilling # 0079  
Print Name of Pump Installer and License No. (if applicable) \_\_\_\_\_  
Signature of Pump Installer \_\_\_\_\_

RECEIVED  
JAN 05 2009  
BY: OLWR