

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: B 161
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Pontotoc
Permit #: _____
Driller: Leeper Drilling
Date drilling completed: 11-26-10

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: Phillip Spencer
Mailing Address: 1354 Juba Road
Pontotoc MS 38863
City State Zip Code
Telephone No. (662) 419-1438

Well Location

Latitude: 34.16.20 Longitude: 89.07.50
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
SW 1/4 NE 1/4 Sec 30 Twn 95 Rng 2E
Distance 7 Miles Direction W of Nearest Town Pontotoc

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 11-20-10 Date well drilling completed: 11-26-10
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 200 feet above or (below) (circle one) land surface Date measured: 11-29-10
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 540 ft Well depth: 540 ft Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 380 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 500 feet to 540 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.

Leeper Drilling #0079

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

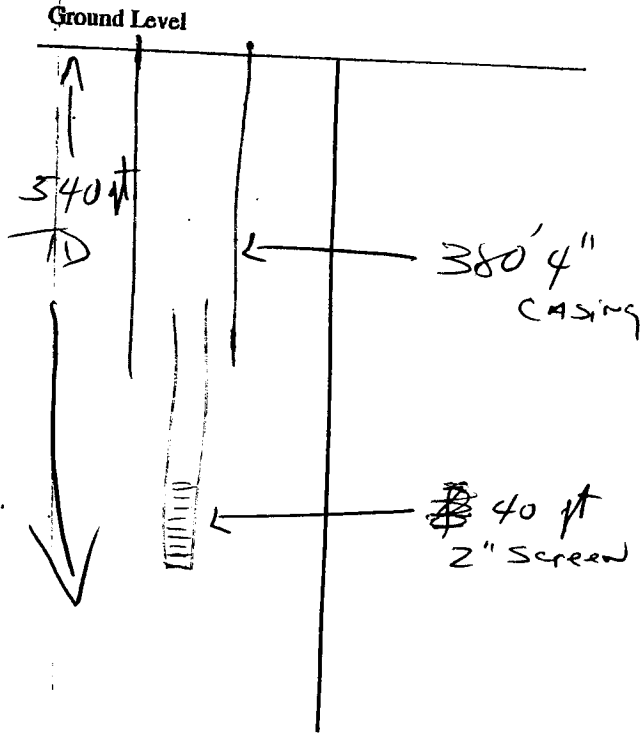
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BY: OLWR

If well telescopes please sketch below and show depths.

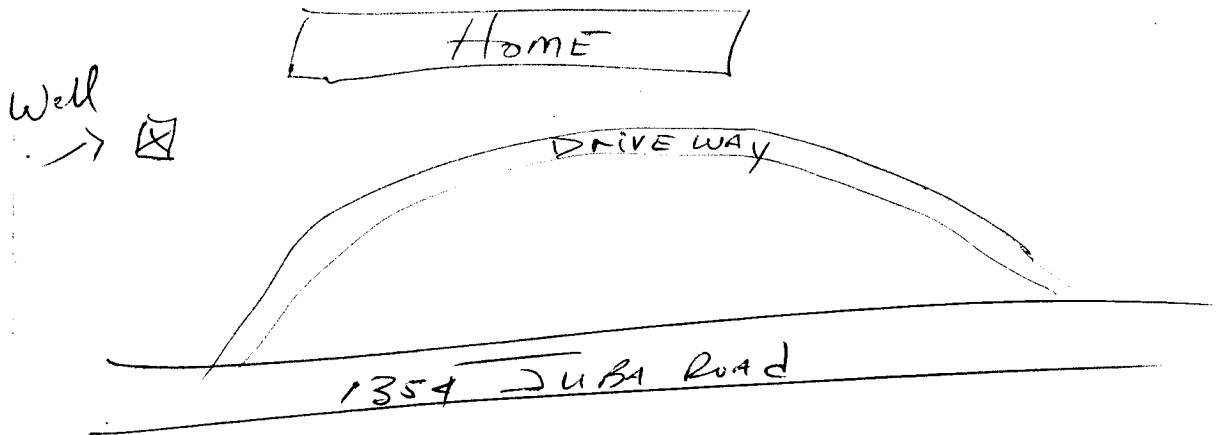
B161



Description of Formations Encountered	From	To
Top Red Clay	0	20
Blue clay	20	100
Black clay	100	360
CHALK	360	500
SAND	500	570

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:

Phillip Spencer

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 #: _____
Elevation: _____

County: Pontotoc

Permit #: _____

Driller: Leeper Drilling

Date completed: 11-29-10

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: Phillip Spencer

Mailing Address: 1354 Juba Road

Pontotoc MS 38863
City State Zip Code

Telephone No. (662) 419-1438

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 30 Twn 9S Rng 2E

Distance _____ Direction _____ Nearest Town _____

7 Miles W of Pontotoc

Pump Type Circle one

Air Lift _____ Jet _____ Submersible
Bucket _____ Piston _____ Turbine _____
Centrifugal _____ Rotary _____ Flowing Well _____

Other (specify): _____

Date Pump Installed: 11-29-10

Rated Pump Capacity: 10 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: 1HP

Setting Depth: 255 feet

Number of Stages: 1

Pump Test Data

Date Well Tested: 11-29-10

Static Water Level (A): 200 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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