

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 #: C-101 115
L. S. Elevation: _____
E-log #: _____

County: PONTIAC
Permit #: 0079
Driller: Leeper Drilling
Date drilling completed: OCT '04

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>Jay Phelps</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Reader Hill rd</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>2</u> Twn <u>9S</u> Rng <u>3E</u>
Telephone No. (____) _____	Distance <u>372</u> Miles Direction <u>EAST</u> of Nearest Town <u>ECRY</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: OCT 04 Date well drilling completed: OCT 04
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 40 feet above or below (circle one) land surface Date measured: OCT 04
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 120 Well depth: 120 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 85 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 35 feet Screen diameter: 4 inches Type of screen: Slotted PVC
Screen slot size: .010 inches Setting depth: From 85 feet to 120 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]
Signature of Water Well Contractor

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(115)

If well telescopes please sketch below and show depths.

Ground Level

C-101

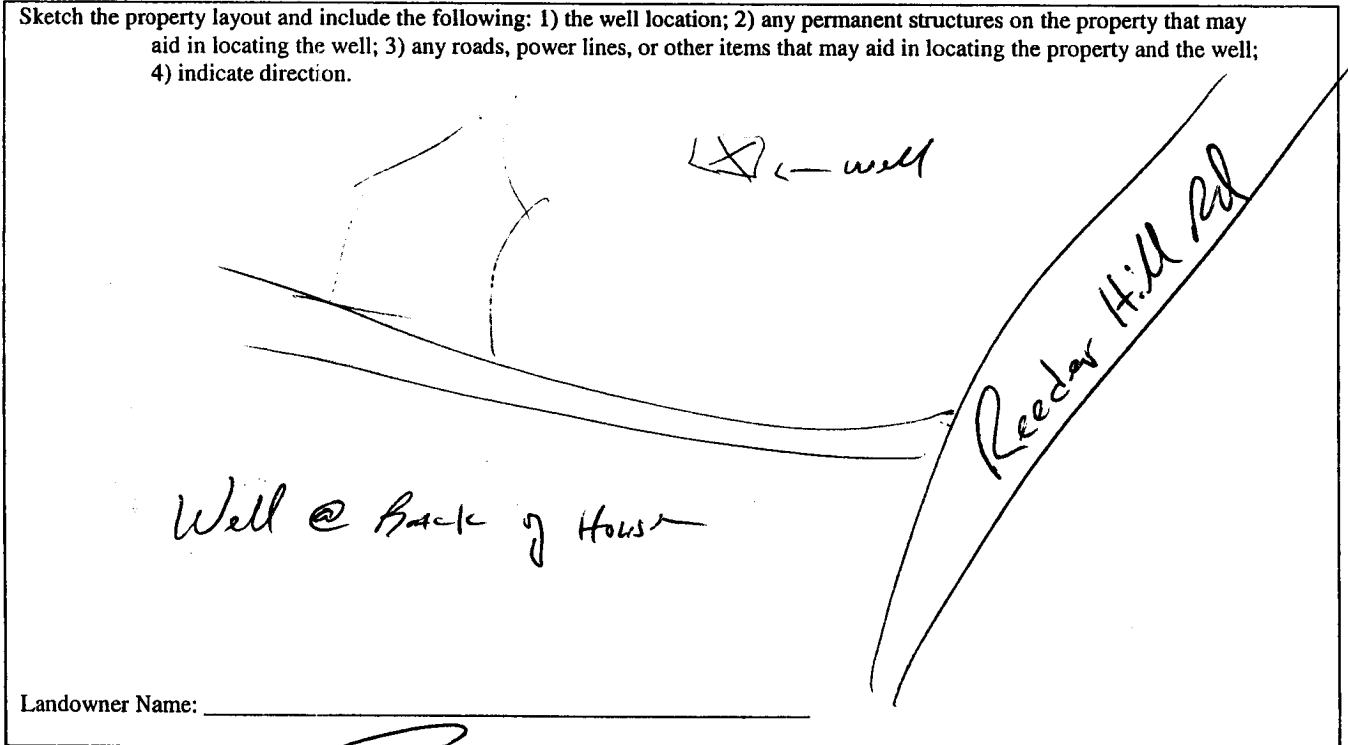
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
TOP CLAY	0	20
Blue Clay	20	60
Rock with		
Brown Sand Lens	60	95
SAND	95	120

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: _____

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: PONTIAC
 Permit #: _____
 Driller: Leeper Drilling
 Date completed: OCT '04

For Office Use Only:

Aquifer: _____
 Well #: C-101
 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>Jay Phelps</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Reader Hill Rd</u> <u>PONTIAC, MS</u> <u>38863</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec <u>2</u> Twn <u>9S</u> Rng <u>3E</u>
Telephone No. (_____) _____	Distance _____ Direction _____ Nearest Town _____
	<u>3 1/2</u> Miles <u>EAST</u> of <u>ECM</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4 H</u>
Date Pump Installed: <u>OCT '04</u>	Setting Depth: <u>120</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: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>40</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.

Print Name of Pump Installer and License No. (if applicable) _____ Signature of Pump Installer Leeper Drilling 0079

← Flip-Flip →

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