

# 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-107  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Pontotoc  
Permit #: \_\_\_\_\_  
Driller: Leeper Drilling  
Date drilling completed: NOV. 6, '07

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: Brooks Hamilton  
Mailing Address: Hiway 15 NORTH  
ERRU MS 38841  
City State Zip Code  
Telephone No. (662) 419-8168

### 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 3E  
Distance Direction Nearest Town  
1/2 Miles S of ERRU

### Well Data

Purpose of Well (circle one)  Home  Industrial  Public Supply  Irrigation  Fish Culture  Other: \_\_\_\_\_  
Date well drilling started: 11-5-07 Date well drilling completed: 11-6-07  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 55 feet above or (below) (circle one) land surface Date measured: 11-7-07  
Method of Measurement (circle one)  steel tape  electric tape  air line  other: \_\_\_\_\_  
Hole depth: 135 ft Well depth: 135 ft Well grouted to a depth of 10 feet  
Type of grout (circle one):  Cement  Bentonite  Mix  
Casing length: 115 feet Casing diameter: 4" inches Type of casing: PVC  
Screen length: 20 feet Screen diameter: 4" inches Type of screen: PVC  
Screen slot size: .013 inches Setting depth: From 115 feet to 135 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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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)

County: Pontotoc  
 Permit #: \_\_\_\_\_  
 Driller: Leaper Drilling  
 Date completed: NOV. 7, 07

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: C-107  
 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>Brooks Hamilton</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Hiway 15 NORTH</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>8 S</u> Rng <u>3 E</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>(662) 419-8168</u>	<u>1/2</u> Miles <u>S</u> of <u>ECRU</u>

Pump Type Circle one	Power Type Circle one
Air Lift                      Jet <u>Submersible</u>	Diesel Engine              Gasoline Engine              Natural Gas
Bucket                      Piston                      Turbine	<u>Electric Motor</u> Hand                      Tractor PTO
Centrifugal                  Rotary                      Flowing Well	Windmill                      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>11-7-07</u>	Setting Depth: <u>100</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>11-7-07</u>	Air Line                      Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>55</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.

Leaper Drilling # 0079                      [Signature]  
 Print Name of Pump Installer and License No. (if applicable)                      Signature of Pump Installer

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