

# 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 #: D-61  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Porter 115  
Permit #: \_\_\_\_\_  
Driller: Leeper Drilling  
Date drilling completed: Jan 05

Leeper Drilling 22C

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>Parrell Hudson</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Sims Gin Road</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Tupelo MS</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>35</u> Twn <u>9S</u> Rng <u>4E</u>
Telephone No. (____) _____	Distance Direction Nearest Town <u>8</u> Miles <u>NE</u> of <u>Porter</u>

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: Jan 05 Date well drilling completed: Jan 05

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

Static Water Level: 170 feet above or below (circle one) land surface Date measured: Jan 05

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

Hole depth: 740' Well depth: 740' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 40 feet Casing diameter: 5" inches Type of casing: plc

Screen length: 40 feet Screen diameter: 2" inches Type of screen: plc

Screen slot size: .010 inches Setting depth: From 700' feet to 740' 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.

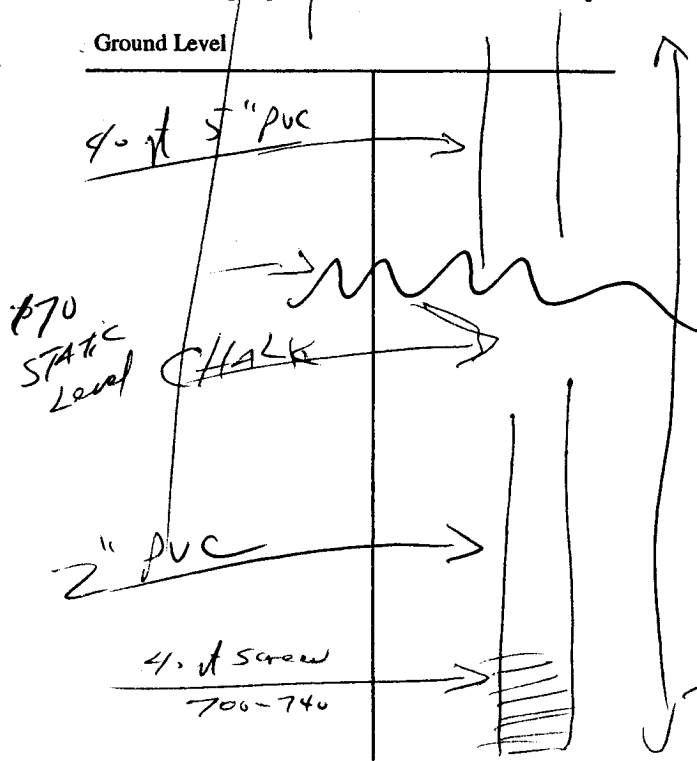
[Signature]  
Signature of Water Well Contractor

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**BY: OLWR**

D-61

If well telescopes please sketch below and show depths.

Ground Level



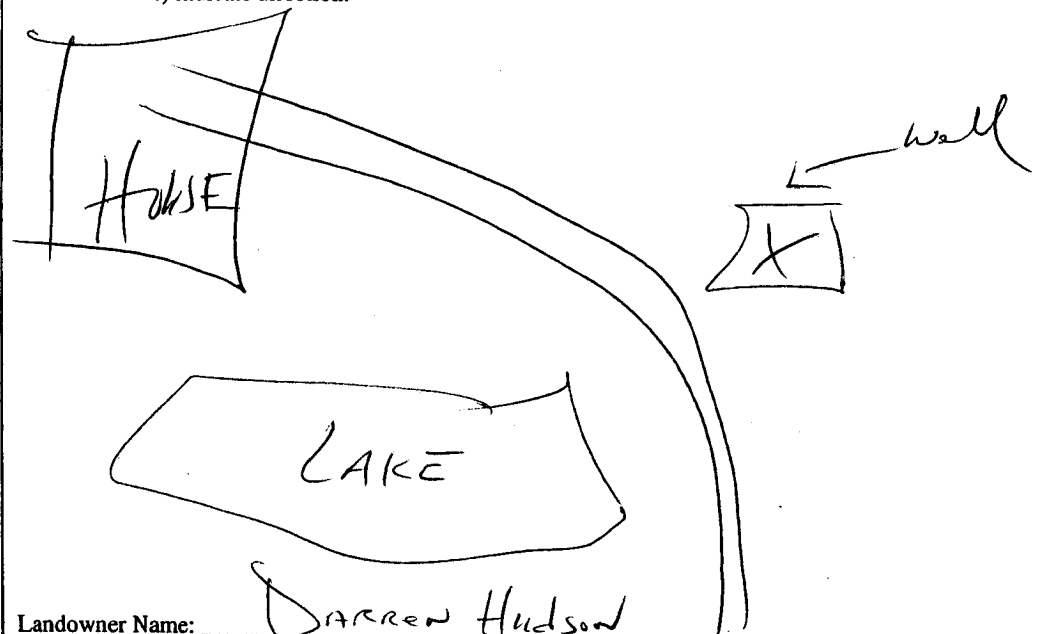
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Top Clay	0	20
<del>Blue clay</del>	40	60
CHALK	60	74
Silty clay	400	600
Silty sand	600	680
EUTAW SAND	680	740

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.



*[Signature]*  
 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)

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: D-61  
 Elevation: \_\_\_\_\_

County: PONTIAC, MS  
 Permit #: \_\_\_\_\_  
 Driller: Leopold Drilling  
 Date completed: Jan 05

**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>Darrah Hudson</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Sims Gin Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Tupelo MS</u> City / State Zip Code	_____ 1/4 _____ 1/4 Sec <u>35</u> Twn <u>95</u> Rng <u>4E</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____ <u>1/2</u> Miles <u>ENE</u> of <u>PONTIAC</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>1 1/2</u>
Date Pump Installed: <u>Jan 05</u>	Setting Depth: <u>231</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>18</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>Jan 05</u>	Air Line      Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>170</u> Feet Below 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.

Leopold Drilling Co. Inc.      \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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