

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: D64  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Pontotoc  
Permit #: \_\_\_\_\_  
Driller: Leaps Drilling  
Date drilling completed: Jan. 4, 2011

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: James Price  
Mailing Address: Belden/Edville rd  
Belden MS 38426  
City State Zip Code  
Telephone No. (662) 902-7073

Latitude: N 34° 18' 58" Longitude: W 88° 50' 02"  
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS  
SW 1/4 N4 1/4 Sec 12 Twn 9S Rng 4E  
Distance 3 Miles Direction West of Nearest Town Belden

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: Dec 30, 2010 Date well drilling completed: Jan 4, 2011

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

Static Water Level: 200 feet above or below (circle one) land surface Date measured: 1-5-2011

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

Hole depth: 360 ft Well depth: 360 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 320 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: .013 inches Setting depth: From 320 feet to 360 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.

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

[Signature]  
Signature of Water Well Contractor

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FEB 28 2011

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)

### For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: \_\_\_\_\_  
Elevation: \_\_\_\_\_

County: ~~Madison~~ Pontotoc  
Permit #: \_\_\_\_\_  
Driller: Leeper Drilling  
Date completed: Jan 5, 2011

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>James Price</u>	Latitude: <u>N. 34.8588</u> Longitude: <u>W. 88.50.026</u>
Mailing Address: <u>Balden/Endville rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Balden, MS 38826</u> City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>9</u> Twn <u>7S</u> Rng <u>3W</u>
Telephone No. <u>(662) 902-7073</u>	Distance Direction Nearest Town <u>3</u> Miles <u>West</u> of <u>Balden</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Bucket <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Diesel Engine <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Windmill
<input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary	<input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Hand <input type="checkbox"/> Other (specify): _____
<input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Flowing Well	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO
Date Pump Installed: <u>Jan 5, 2011</u>	Horse Power Rating of Motor: <u>1 1/2</u>
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Setting Depth: <u>260</u> feet
	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>Jan 5, 2011</u>	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>200</u> Feet <input checked="" type="checkbox"/> 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.

Leeper Drilling #0579  
Print Name of Pump Installer and License No. (if applicable)

[Signature]  
Signature of Pump Installer

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FEB 28 2011

BY: OLWR