

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 #: G-76
L. S. Elevation: _____
E-log #: _____

County: Prentiss
Permit #: _____
Driller: LEEPER Drilling
Date drilling completed: 7-7-05

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>Teresa Herridon</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>68 Hiway 4 EAST</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Boonville MS</u> City State Zip Code | 1/4 1/4 Sec <u>31</u> Twn <u>5S</u> Rng <u>8E</u> |
| Telephone No. <u>813-765-9751</u> | Distance Direction Nearest Town <u>4.5</u> Miles <u>EAST</u> of <u>Boonville</u> |

Well Data

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

Date well drilling started: 7-6-05 Date well drilling completed: 7-7-05

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

Static Water Level: 140 feet above or below (circle one) land surface Date measured: 7-8-05

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

Hole depth: 360 Well depth: 360 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: .010 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.

LEEPER Drilling #0079
Print Name of Water Well Contractor and License No. [Signature]
Signature of Water Well Contractor

RECEIVED
AUG 01 2005
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 #: G-76
 Elevation: _____

County: Prentiss
 Permit #: _____
 Driller: Leeper Drilling
 Date completed: 7-7-05

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>Teresa Herndon</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>68 Highway 4 EAST</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Booneville MS</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | _____ ¼ _____ ¼ Sec <u>31</u> Twn <u>55</u> Rng <u>8E</u> |
| Telephone No. <u>(813) 765-9751</u> | Distance Direction Nearest Town |
| | <u>4 1/2</u> Miles <u>EAST</u> of <u>Booneville</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston <input type="radio"/> Turbine <input type="radio"/> | <input checked="" type="radio"/> <u>Electric Motor</u> Hand <input type="radio"/> Tractor PTO |
| Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>1HP</u> |
| Date Pump Installed: <u>7-8-05</u> | Setting Depth: <u>180</u> feet |
| Rated Pump Capacity: <u>10</u> Gallons Per Minute | Number of Stages: <u>14</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|--|
| Date Well Tested: <u>7-8-05</u> | Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape <input type="radio"/> |
| Static Water Level (A): <u>140</u> Feet <input checked="" type="radio"/> 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 #0079 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 AUG 01 2005
 BY: OLWR