

County: Prentiss  
 Permit #: \_\_\_\_\_  
 Driller: Leeper Drilling  
 Date drilling completed: 8-16-07

# 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-77  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

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>Allen Frenzell</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>124 CR 3121</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Booneville MS 38829</u>	<u>1/4</u> <u>1/4</u> Sec <u>29</u> Twn <u>55</u> Rng <u>8E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 728-4146</u>	<u>4</u> Miles <u>E</u> of <u>Booneville</u>

**Well Data**

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

Date well drilling started: 8-14- Date well drilling completed: 8-16-07

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

Static Water Level: 90 feet above or  below (circle one) land surface Date measured: 8-17-07

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

Hole depth: 220 ft Well depth: 220 ft Well grouted to a depth of 10 feet

Type of grout (circle one):  Cement  Bentonite  Mix

Casing length: 200 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 200 feet to 220 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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 SEP 14 2007  
 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: Prentiss  
Permit #: \_\_\_\_\_  
Driller: Leeper Drilling  
Date completed: 8-17-07

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: G-77  
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>Alfred Frazell</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>124 CR 3121</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Booneville MS 38829</u> City / State / Zip Code	_____ 1/4 _____ 1/4 Sec <u>29</u> Twn <u>5S</u> Rng <u>8E</u>
Telephone No. <u>(662) 728-9146</u>	Distance _____ Direction _____ Nearest Town _____ <u>4</u> Miles <u>EAST</u> of <u>Booneville</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Bucket Centrifugal Other (specify): _____ Date Pump Installed: _____ Rated Pump Capacity: <u>10</u> Gallons Per Minute	<u>Submersible</u> Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>1 HP</u> Setting Depth: <u>140</u> feet Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-17-07</u>	Air Line Electric Measuring Line <u>Steel Tape</u> Other (specify): _____
Static Water Level (A): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Pumping Water Level (B): <u>90</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	
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]  
Signature of Pump Installer

RECEIVED  
SEP 14 2007  
BY: OLWR