

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: 68
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Tippah
Permit #: _____
Driller: Leaper Drilling
Date drilling completed: 8-9-10

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: Randy Waldon
Mailing Address: 211 CR 251
Walnut MS
City: _____ State: MS Zip Code: _____
Telephone No.: (662) 837-2904

Well Location

Latitude: 34° 50' 58" Longitude: 88° 48' 53"
Method of Lat/Long (circle one): Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
NW 1/4 Sec 6 Twn 35 Rng 5E
Distance: 8 Miles Direction: EAST of Nearest Town: FAULKNER

Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 8-9-10 Date well drilling completed: 8-9-10
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 2 feet above or below (circle one) land surface Date measured: 8-10-10
Method of Measurement (circle one): steel tape electric tape air line other: _____
Hole depth: 100 ft Well depth: 100 ft Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 80 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 80 feet to 100 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.

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

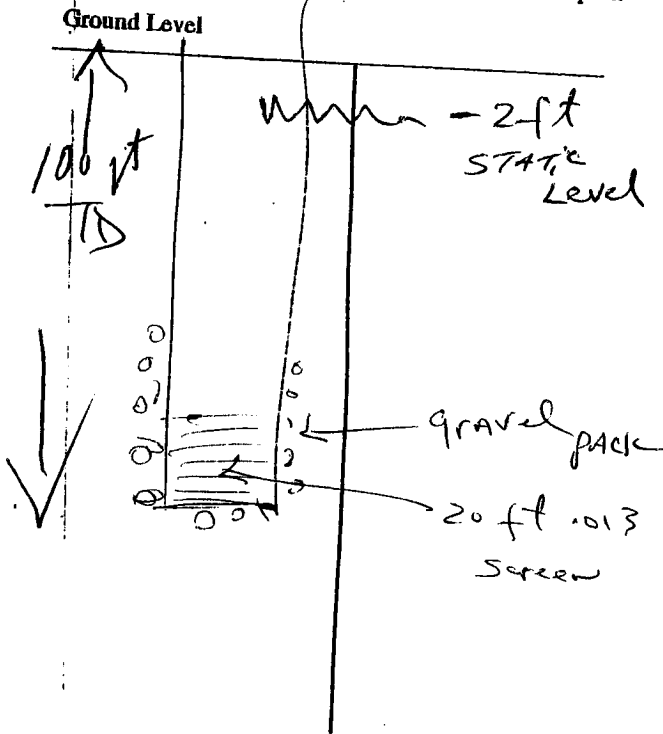
[Signature]
Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

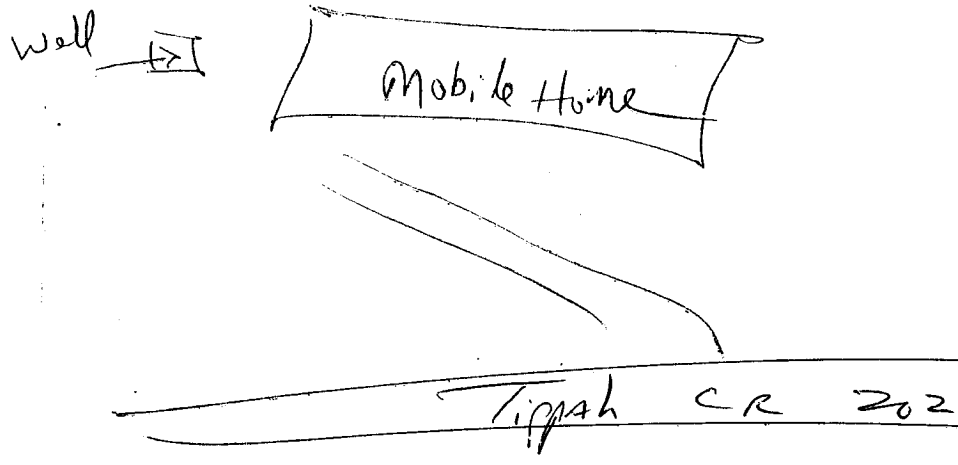
G 8



Description of Formations Encountered	From	To
Top Clay	0	20
Blue Silty Clay	20	60
White Sand	60	100

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.



Landowner Name: Randy Waldow

Signature of Water Well Contractor [Signature]

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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)

County: Tippah
 Permit #: _____
 Driller: Leeper Drilling
 Date completed: 8-10-10

For Office Use Only:

Aquifer: G 8
 Well #: _____
 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>Randy Waldow</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>211 CR 251</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Walnut MS</u> City / State / Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>6</u> Twn <u>3 S</u> Rng <u>5 E</u>
Telephone No. <u>603 837-2904</u>	Distance _____ Direction _____ Nearest Town _____ <u>8</u> Miles <u>EAST</u> of <u>FALKNER</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): _____ Date Pump Installed: <u>8-10-10</u> Rated Pump Capacity: <u>10</u> Gallons Per Minute	<input type="checkbox"/> Diesel Engine <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Windmill Horse Power Rating of Motor: <u>3/4 HP</u> Setting Depth: <u>60</u> feet Number of Stages: <u>8</u>
<input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input type="checkbox"/> Turbine <input type="checkbox"/> Flowing Well	<input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Hand <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-10-10</u>	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>2</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 # 0079
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

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AUG 16 2010

BY: OLWR