

County: Tippah  
 Permit #: \_\_\_\_\_  
 Driller: Leeper Drilling  
 Date drilling completed: 8-7-10

# 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: 69  
 Well #: \_\_\_\_\_  
 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

Owner Name: Joe Crum  
 Mailing Address: 200 CR 202  
Wadswort MS  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone No.: (662) 837-2904

### Well Location

Latitude: 34 50 .43 Longitude: 88 48 .27  
 Method of Lat/Long (circle one): Conventional Survey, \_\_\_\_\_  
 \_\_\_\_\_  
 USGS quad, Hand-held GPS, Survey-grade GPS  
SE 1/4 SE 1/4 Sec 6 Twn 35 Rng SE  
 Distance 8 Miles Direction E of Nearest Town FAIRBURN

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
 Date well drilling started: 8-7-10 Date well drilling completed: 8-7-10  
 If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
 Static Water Level: 125 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: 190 ft Well depth: 190 ft Well grouted to a depth of 10 feet  
 Type of grout (circle one): Cement Bentonite Mix  
 Casing length: 170 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 170 feet to 190 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.

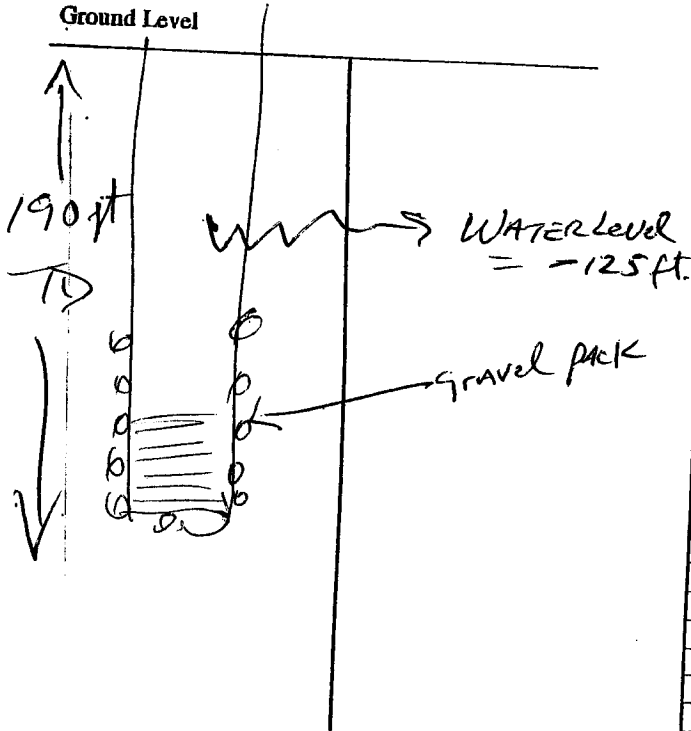
LEEPER Drilling #0079  
 Print Name of Water Well Contractor and License No.

[Signature]  
 Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

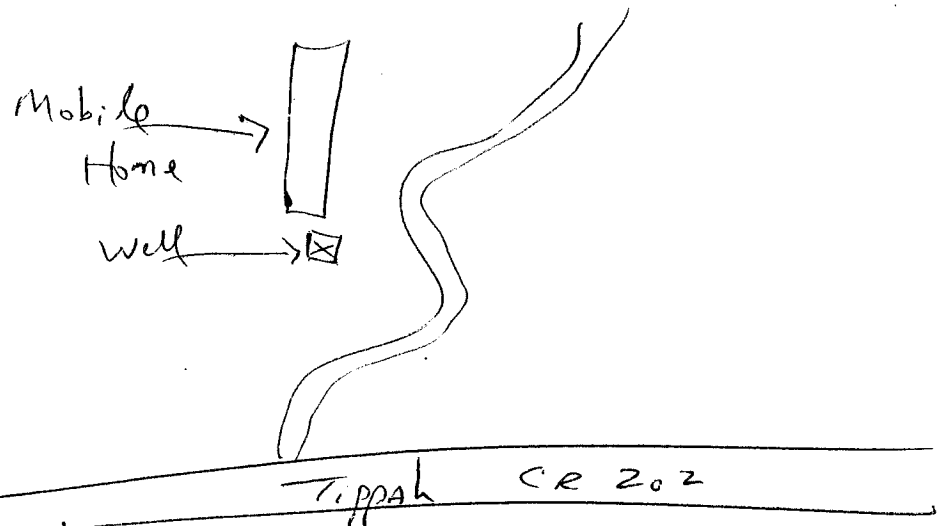
09 89



Description of Formations Encountered	From	To
Red Clay	0	30
Red Sand	30	90
Blue Clay	90	120
White Sand	120	190

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: Joe Crum

Signature of Water Well Contractor: [Handwritten 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)

### For Office Use Only:

Aquifer: G9  
Well #: \_\_\_\_\_  
Elevation: \_\_\_\_\_

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

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

Owner Name: Joe Crum  
Mailing Address: 200 CR 202  
Walnut MS  
City / State / Zip Code

Telephone No. (662) 837-2904

### Well Location

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Method of Lat/Long (circle one): Conventional Survey,  
USGS quad, Hand-held GPS, Survey-grade GPS

1/4 \_\_\_\_\_ 1/4 Sec 6 Twn 3S Rng 5E

Distance \_\_\_\_\_ Direction \_\_\_\_\_ Nearest Town \_\_\_\_\_  
8 Miles E of FALKNER

### Pump Type Circle one

Air Lift  Jet  Submersible  
Bucket  Piston  Turbine  
Centrifugal  Rotary  Flowing Well

Other (specify): \_\_\_\_\_

Date Pump Installed: 8-10-10

Rated Pump Capacity: 10 Gallons Per Minute

### Power Type Circle one

Diesel Engine  Gasoline Engine  Natural Gas   
Electric Motor  Hand  Tractor PTO

Windmill  Other (specify): \_\_\_\_\_

Horse Power Rating of Motor: 3/4 HP

Setting Depth: 180 feet

Number of Stages: 8

### Pump Test Data

Date Well Tested: 8-10-10

Static Water Level (A): 125 Feet Below Land Surface

Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface

Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface

Test Pumping Rate: \_\_\_\_\_ Gallons Per Minute

Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

### Method of Measuring Water Level Circle one

Air Line  Electric Measuring Line  Steel Tape

Other (specify): \_\_\_\_\_

For flowing well, measured shut in head: \_\_\_\_\_ feet

Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Leeper Drilling #1 0079  
Print Name of Pump Installer and License No. (if applicable)

[Signature]  
Signature of Pump Installer

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AUG 16 2010

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