

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: H 23
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Tippah

Permit #: _____

Driller: Leaper Well Service

Date drilling completed: 4-27-10

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: Alice GARNER

Mailing Address: 46 CR 800

Blue Mountain MS 38610
City State Zip Code

Telephone No. (662) 685-4496

Well Location

Latitude: 34° 42' 13" Longitude: 89° 04' 35"

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS, Survey-grade GPS

NW 1/4 SE 1/4 Sec 27 Twn 45 Rng 2E

Distance 5 Miles Direction NW of Nearest Town Blue Mountain, MS

Well Data

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

Date well drilling started: 4-20-10 Date well drilling completed: 4-27-10

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

Static Water Level: 54 feet above or below (circle one) land surface Date measured: 4-28-10

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

Hole depth: 420 ft Well depth: 420 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 240 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 2" inches Type of screen: PVC

Screen slot size: .013 inches Setting depth: From 380 feet to 420 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): _____

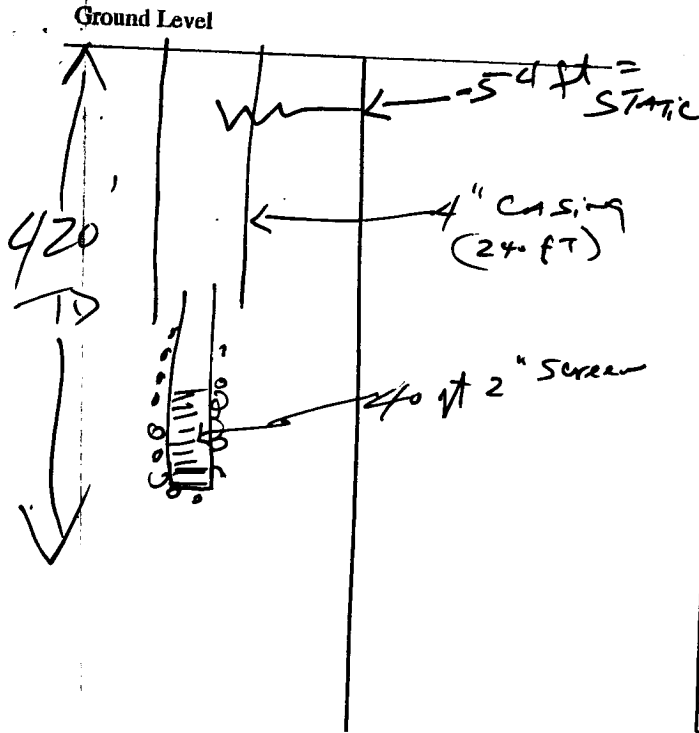
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Leaper Well Service # 0079

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

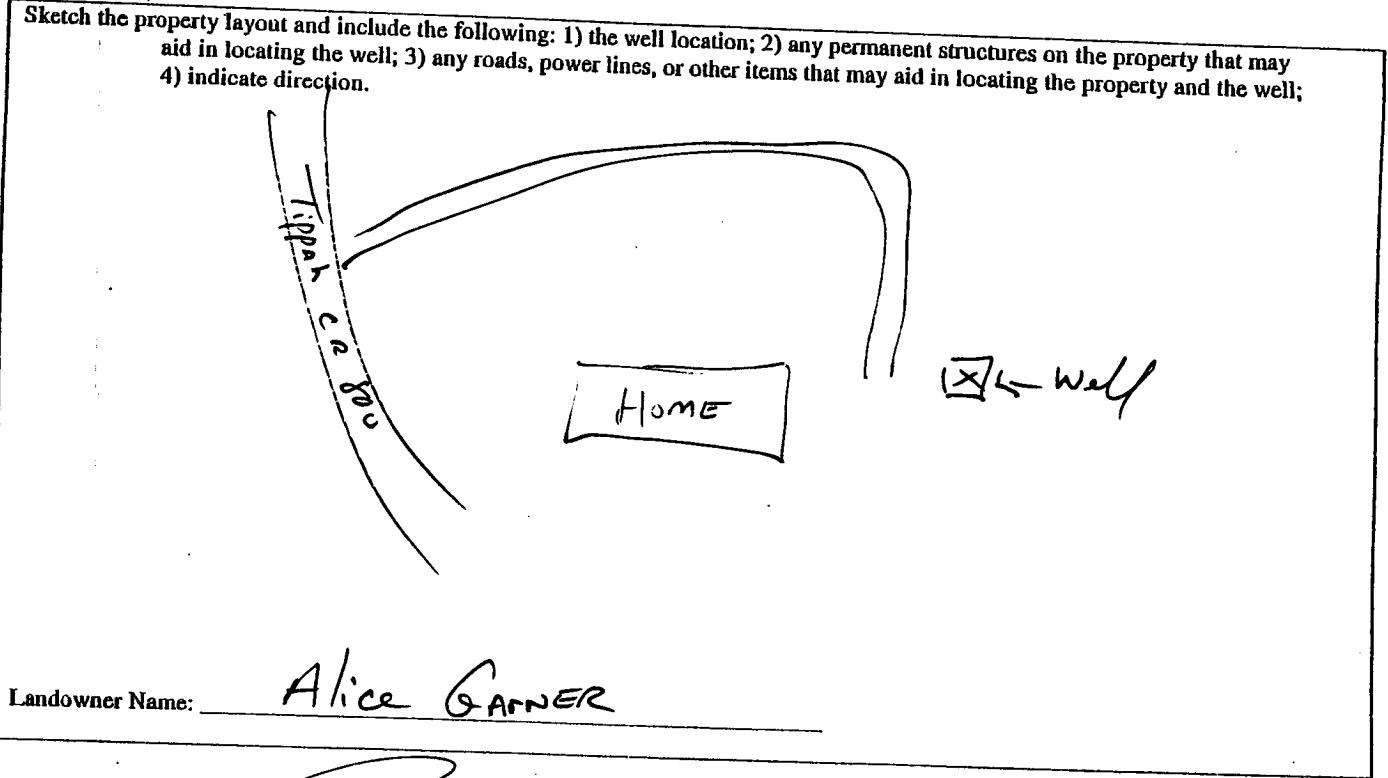
If well telescopes please sketch below and show depths.

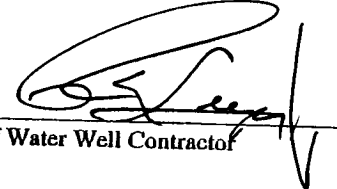


H23

Description of Formations Encountered	From	To
Top Red Sand	0	30
Blue clay	30	150
SAND, Shell	150	200
Black clay	200	380
SAND	380	420

If more than one screen, show location of each on sketch



Signature of Water Well Contractor 

RECORDED
MAY 12 1903
SANDERSON

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: H 23
Well #: _____
Elevation: _____

County: Tippah
Permit #: _____
Driller: Leeper Well Service
Date completed: 4-28-10

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	Well Location
Owner Name: <u>Alice GARNER</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>46 CR 800</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>Blue MT MS 38610</u> City / State Zip Code	<u>1/4 1/4 Sec 27 Twn 4 S Rng 2 E</u>
Telephone No. <u>(662) 685-9446</u>	Distance Direction Nearest Town <u>5 Miles NW of Blue MT, MS</u>

Pump Type Circle one	Power Type Circle one
<input type="radio"/> Air Lift <input type="radio"/> Bucket <input type="radio"/> Centrifugal <input type="radio"/> Other (specify): _____	<input type="radio"/> Diesel Engine <input checked="" type="radio"/> Electric Motor <input type="radio"/> Windmill
<input type="radio"/> Jet <input type="radio"/> Piston <input type="radio"/> Rotary	<input type="radio"/> Gasoline Engine <input type="radio"/> Hand <input type="radio"/> Other (specify): _____
<input checked="" type="radio"/> Submersible <input type="radio"/> Turbine <input type="radio"/> Flowing Well	<input type="radio"/> Natural Gas <input type="radio"/> Tractor PTO
Date Pump Installed: <u>4-28-10</u>	Horse Power Rating of Motor: <u>3/4 HP</u>
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Setting Depth: <u>110</u> feet
	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-28-10</u>	<input type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>54</u> Feet <u>(Below Land Surface)</u>	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	
Test Pumping Rate: _____ Gallons Per Minute	For flowing well, measured shut in head: _____ feet
Duration of Pump Test (minimum 4 hours): _____ hours	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 Well Service

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

