

# 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)

County: Union  
 Permit #: \_\_\_\_\_  
 Driller: Leeper Drilling  
 Date drilling completed: 2/18/05

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: A-42  
 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>Bobby Kiddy</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1372 CR 2</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Myrtle MS 38633</u> City State Zip Code	<u>1/4 1/4 Sec 11 Twn 6 S Rng 1 E</u>
Telephone No. (____) _____	Distance Direction Nearest Town <u>1</u> Miles <u>NW</u> of <u>Myrtle</u>

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BY: OLWR

**Well Data**

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

Date well drilling started: 2/15/05 Date well drilling completed: 2/18/05

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

Static Water Level: 188 feet above of below (circle one) land surface Date measured: 2/19/05

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

Hole depth: 660 Well depth: 660 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 350 feet Casing diameter: 4" inches Type of casing: PVC

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

Screen slot size: 1008 inches Setting depth: From 620 feet to 660 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



# 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: Union  
 Permit #: \_\_\_\_\_  
 Driller: Leeper Drilling  
 Date completed: 2/19/05

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: A-42  
 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>Bobby Kiddy</u>	Latitude: _____ Longitude: <u>JUN 17 2005</u>
Mailing Address: <u>1372 cre 2</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Myrtle MS 38633</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City / State / Zip Code	<u>1/4 Sec 11 Twn 6S Rng 1E</u>
Telephone No. ( ) <u>NONE</u>	Distance Direction Nearest Town
	<u>4 Miles NW of Myrtle</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>2/19/05</u>	Setting Depth: <u>230</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-19-05</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>184</u> Feet 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
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
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