

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 #: A-49
L. S. Elevation: _____
E-log #: _____

County: Union
Permit #: _____
Driller: LEEPER Drilling
Date drilling completed: 7-19-08

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: Scott McQuay
Mailing Address: 702 CR 14
Myrtle, MS 38650
City State Zip Code
Telephone No. (662) 534-7447

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 25 Twn 65 Rng 1E
Distance Direction Nearest Town
3 Miles SW of Myrtle

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 7-16-08 Date well drilling completed: 7-19-08
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 120 feet above or below (circle one) land surface Date measured: 7-21-08
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 450 ft Well depth: 450 ft Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 300 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 410 feet to 450 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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AUG 13 2008

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)

For Office Use Only:

Aquifer: _____

Well #: A-49

Elevation: _____

County: Union

Permit #: _____

Driller: Leeper Drilling

Date completed: 7-21-08

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: Scott McQuary

Mailing Address: 702 CR 14

Myrtle MS 38650
City State Zip Code

Telephone No. (662) 534-7441

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 25 Twn 6S Rng 1E

Distance Direction Nearest Town

3 Miles SW of Myrtle

Pump Type Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 7-21-08

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: 1 HP

Setting Depth: 160 feet

Number of Stages: 14

Pump Test Data

Date Well Tested: 7-21-08

Static Water Level (A): 120 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 # 0079
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer

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AUG 13 2008

BY: OLWR