

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-51
L. S. Elevation: _____
E-log #: _____

County: Union
Permit #: _____
Driller: Leaper Drilling
Date drilling completed: 12-10-08

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: John Waggoner
Mailing Address: 75 CR 14
Myrtle MS 38650
City State Zip Code
Telephone No. (662) 422-7033

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 36 Twn 6S Rng 1E
Distance Direction Nearest Town
3 Miles South of Myrtle

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 12-7-08 Date well drilling completed: 12-10-08
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 120 feet above or below (circle one) land surface Date measured: 12-12-08
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 460 ft Well depth: 460 ft Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 280 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 420 feet to 460 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.

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

Signature of Water Well Contractor [Signature]

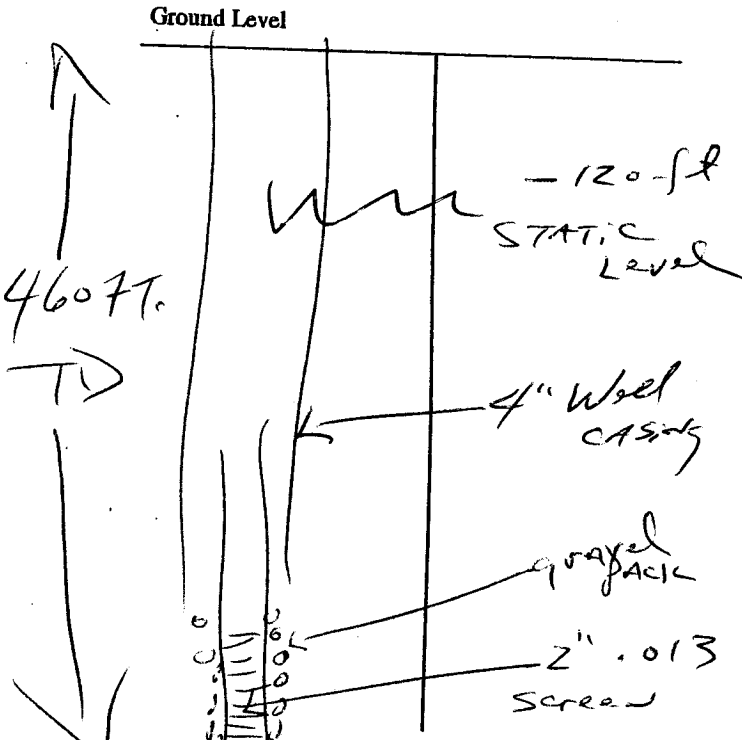
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JAN 05 2009

BY: OLWR

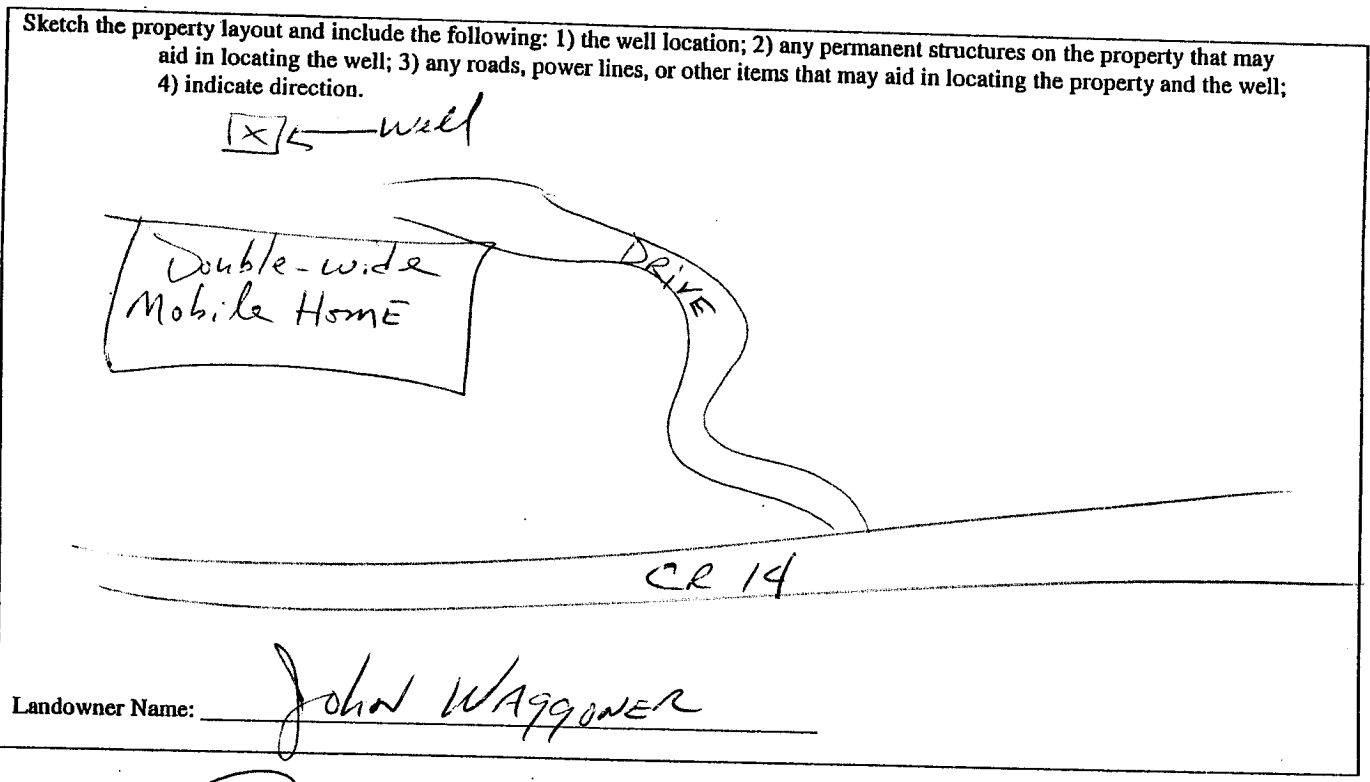
If well telescopes please sketch below and show depths.

A-51



Description of Formations Encountered	From	To
TOP Red clay	0	30
Blue clay	30	290
CHACK + ROCK	290	400
SAND	400	460

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



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: Union
 Permit #: _____
 Driller: Leeper Drilling
 Date completed: 12-12-08

For Office Use Only:
 Aquifer: _____
 Well #: A-51
 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>John Waggoner</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>75 CR 14</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS		
<u>Myrtle MS 38650</u>	<u>1/4</u>	<u>1/4</u> Sec <u>36</u>	Twn <u>6S</u> Rng <u>E</u>
City State Zip Code	Distance	Direction	Nearest Town
Telephone No. <u>(662) 422-7033</u>	<u>3</u> Miles	<u>SOUTH</u> of	<u>Myrtle</u>

Pump Type Circle one			Power Type Circle one		
Air Lift	Jet	<u>Submersible</u>	<u>Diesel Engine</u>	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>1HP</u>		
Date Pump Installed: <u>12-12-08</u>			Setting Depth: <u>180</u> feet		
Rated Pump Capacity: <u>10</u> Gallons Per Minute			Number of Stages: <u>14</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: <u>12-12-08</u>	Static Water Level (A): <u>120</u> Feet Below Land Surface	Air Line	Electric Measuring Line
Pumping Water Level (B): _____ Feet Below Land Surface	Drawdown [(B) - (A)]: _____ Feet Below Land Surface	<u>Steel Tape</u>	
Test Pumping Rate: _____ Gallons Per Minute	Duration of Pump Test (minimum 4 hours): _____ hours	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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