

County: Union
 Permit #: _____
 Driller: Leeper Drilling
 Date drilling completed: 4-23-11

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: A 54
 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		Well Location	
Owner Name: <u>Rebecca Hartfield</u>		Latitude: <u>34,3326"</u>	Longitude: <u>89,11,18"</u>
Mailing Address: _____		Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input checked="" type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS	
<u>1016 CR 299 CR 299</u>		USGS quad: _____	Sec: <u>15</u> Twn: <u>6S</u> Rng: <u>1E</u>
<u>Hickory Flat MS 38633</u>		Distance: <u>4</u> Miles	Direction: <u>West</u>
City: _____ State: _____ Zip Code: _____		Nearest Town: <u>Myrtle</u>	
Telephone No. <u>(662) 566-9975</u>			

Well Data

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

Date well drilling started: 4-19-11 Date well drilling completed: 4-23-11

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

Static Water Level: 100 feet above or below (circle one) land surface Date measured: 4-25-11

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

Hole depth: 430 ft Well depth: 430 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 270 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 40 feet Screen diameter: _____ inches Type of screen: PVC

Screen slot size: 10/10 inches Setting depth: From 390 feet to 430 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

APR 23 2011
 BY OLIVER

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: 4-25-11

For Office Use Only:
Aquifer: _____
Well #: _____
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>Rebecca Hartfield</u>	Latitude: <u>34.556 N</u>	Longitude: <u>89.172 W</u>	
Mailing Address: <u>1016 CR #299</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS		
<u>Hickory</u> City	State: <u>MS</u>	USGS quad: <u>15</u> Twn <u>6 S</u> Rng <u>1 E</u>	
<u>7147</u> Zip Code		Distance: <u>4</u> Miles	Direction: <u>West</u> of Nearest Town: <u>Myrtle</u>
Telephone No. <u>(662) 566-9975</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>3/4 + 10</u>		
Date Pump Installed: <u>4-25-11</u>			Setting Depth: <u>160</u> feet		
Rated Pump Capacity: <u>10</u> Gallons Per Minute			Number of Stages: <u>8</u>		

Pump Test Data		Method of Measuring Water Level Circle one		
Date Well Tested: <u>4-25-11</u>		Air Line	<u>Electric Measuring Line</u>	<u>Steel Tape</u>
Static Water Level (A): <u>100</u> Feet <u>Below Land Surface</u>		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 _____ feet after _____ hours of pumping		
Test Pumping Rate: _____ Gallons Per Minute				
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 of Pump Installer: [Signature]