

County: Union  
 Permit #: \_\_\_\_\_  
 Driller: Leaper Drilling  
 Date drilling completed: April 12, 2011

# 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 55  
 Well #: \_\_\_\_\_  
 L. S. Elevation: \_\_\_\_\_  
 B-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>Helen Harrington</u>		Latitude: <u>34 3324</u>	Longitude: <u>89 1122</u>
Mailing Address: <u>CR 515</u>		Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS	
<u>Myrtle MS</u> <u>38650</u>	City State Zip Code	USGS quad, <u>SW 1/4 SW 1/4 Sec 15 Twn 6 S Rng 1 E</u>	
Telephone No. <u>(601) 507-1843</u>		Distance: <u>4</u> Miles	Direction: <u>SW</u> of Nearest Town: <u>Myrtle</u>

**Well Data**

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

Date well drilling started: April 6, 2011 Date well drilling completed: 4-12-11

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

Static Water Level: 100 feet above or  below (circle one) land surface Date measured: 4-13-11

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

Hole depth: 440 ft Well depth: 440 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: 2" inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 400 feet to 440 feet

Type of completion (circle all applicable):  Gravel packed  Underreamed  Telescoped  Open hole  Natural Development

Other (describe): \_\_\_\_\_

Top of tap 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 Drilling #0079

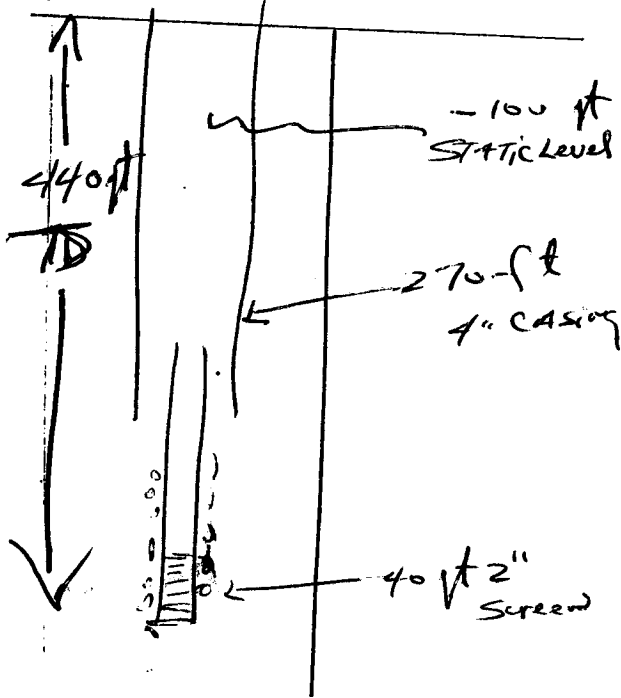
Print Name of Water Well Contractor and License No. \_\_\_\_\_

[Signature]  
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

A55

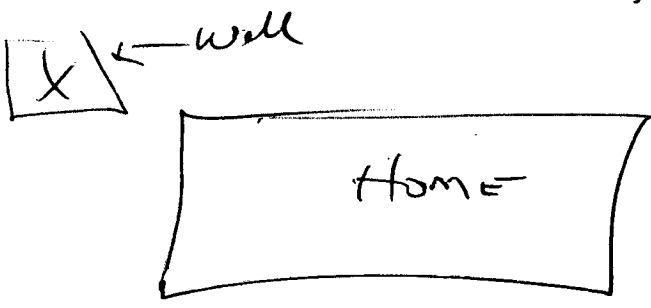
Ground Level



Description of Formations Encountered	From	To
TOP CLAY	0	30
Blue CLAY	30	260
CHACK	260	400
SAND	400	440

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Landowner Name: Hulen Harrison

[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: 4-13-11

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>Hulen Harrington</u>		Latitude: <u>34.517 N</u>	Longitude: <u>89.140 W</u>
Mailing Address: <u>CR 515</u>		Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS	
<u>Myrtle MS 38650</u>		USGS quad, _____	
City / State / Zip Code		_____ 1/4 _____ 1/4 Sec <u>5</u> Twn <u>65</u> Rng <u>1E</u>	
Telephone No. <u>662 507-1843</u>		Distance _____	Direction _____
		Nearest Town <u>Myrtle</u>	
		<u>4</u> Miles <u>SW</u> of _____	

Pump Type Circle one		Power Type Circle one		
<input type="checkbox"/> Air Lift	<input type="checkbox"/> Jet	<input type="checkbox"/> Diesel Engine	<input type="checkbox"/> Gasoline Engine	<input type="checkbox"/> Natural Gas
<input type="checkbox"/> Bucket	<input type="checkbox"/> Piston	<input checked="" type="checkbox"/> Electric Motor	<input type="checkbox"/> Hand	<input type="checkbox"/> Tractor PTO
<input type="checkbox"/> Centrifugal	<input type="checkbox"/> Rotary	<input type="checkbox"/> Windmill	Other (specify): _____	
Other (specify): _____		Horse Power Rating of Motor: <u>1 HP</u>		
Date Pump Installed: <u>4-13-11</u>		Setting Depth: <u>160</u> feet		
Rated Pump Capacity: <u>12</u> Gallons Per Minute		Number of Stages: <u>11</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: <u>4-13-11</u>		<input type="checkbox"/> Air Line	<input type="checkbox"/> Electric Measuring Line
Static Water Level (A): <u>100</u> Feet <u>Below</u> Land Surface		<input checked="" type="checkbox"/> Steel Tape	
Pumping Water Level (B): _____ Feet Below Land Surface		Other (specify): _____	
Drawdown [(B) - (A)]: _____ Feet Below Land Surface		For flowing well, measured shut in head: _____ feet	
Test Pumping Rate: _____ Gallons Per Minute		Well yielded _____ GPM with a drawdown of _____ 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