

# 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 #: B-60  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: LINCOLN  
Permit #: \_\_\_\_\_  
Driller: Leeper Drilling  
Date drilling completed: 1-15-07

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>Marsha Hill</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1566 CR 51</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Myrtle, MS 38650</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>21</u> Twn <u>6S</u> Rng <u>2E</u>
Telephone No. <u>(662) 316-3052</u>	Distance _____ Direction _____ Nearest Town _____
	<u>1</u> Miles <u>SE</u> of <u>MYRTLE</u>

### Well Data

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

Date well drilling started: 1-12-07 Date well drilling completed: 1-15-07

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

Static Water Level: 100 feet above or below (circle one) land surface Date measured: 1-16-07

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

Hole depth: 360 ft Well depth: 360 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 220 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 320 feet to 360 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): \_\_\_\_\_

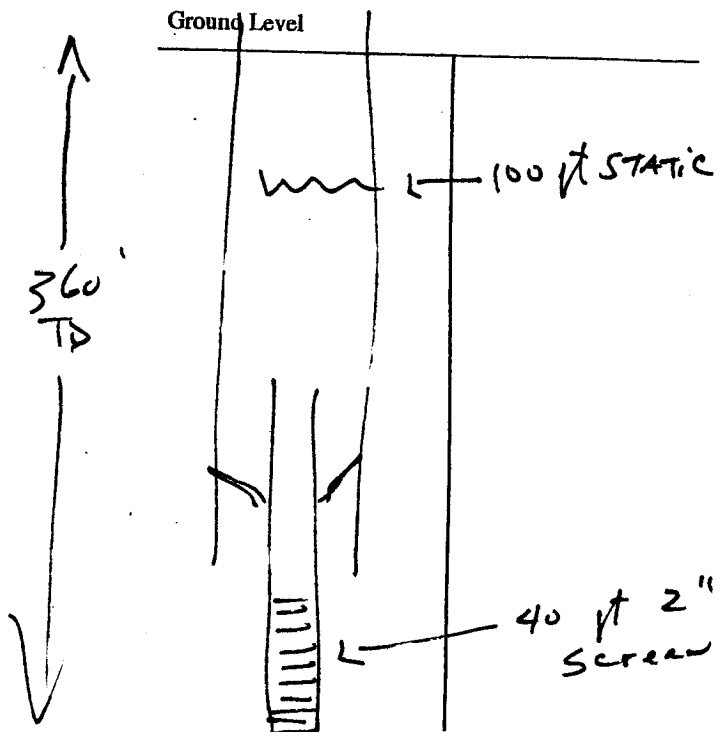
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Leeper Drilling #0079

Print Name of Water Well Contractor and License No. \_\_\_\_\_ Signature of Water Well Contractor: [Signature]

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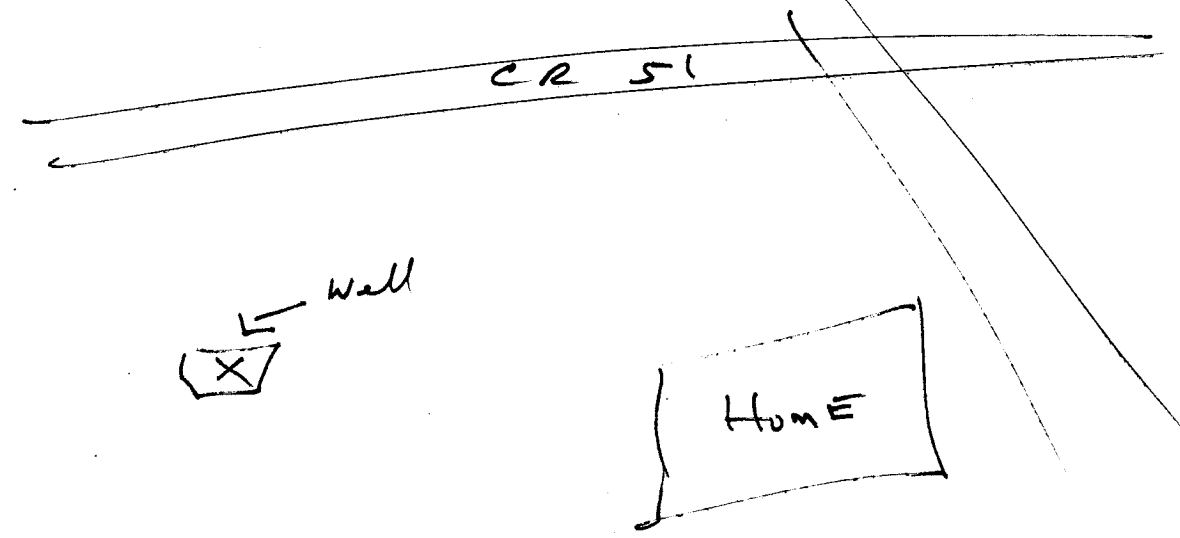
If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
TOP Gumbo	0	50
Blue clay	50	190
CHALK	190	320
SAND	320	360'

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: Marsha Hill

[Signature]  
Signature of Water Well Contractor

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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)

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: B-60  
 Elevation: \_\_\_\_\_

County: Union  
 Permit #: \_\_\_\_\_  
 Driller: Leeper Drilling  
 Date completed: 1-17-07

**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>Marsha Hill</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1566 CR 51</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Myrtle MS 38650</u>	_____ 1/4 _____ 1/4 Sec <u>21</u> Twn <u>6 S</u> Rng <u>2 E</u>
City / State / Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 316-3052</u>	<u>1</u> Miles <u>SE</u> of <u>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>3/4 HP</u>
Date Pump Installed: <u>1-17-07</u>	Setting Depth: <u>180</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-17-07</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>106</u> Feet <u>Below</u> 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 _____ 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

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