

# 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 #: C-61  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Union  
Permit #: \_\_\_\_\_  
Driller: Leeper Drilling  
Date drilling completed: 1-18-07

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

Owner Name: JAMES A. Hill  
Mailing Address: 1044 CR 147  
New Albany, MS  
City State Zip Code  
Telephone No. (662) 534-8724

### 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 13 Twn 6S Rng 3E  
Distance Direction Nearest Town  
7 Miles NE of New Albany

### Well Data

Purpose of Well (circle one)  Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: 1-17-07 Date well drilling completed: 1-18-07  
If flowing, method of flow regulation: Valve - Other (describe) -  
Static Water Level: 110 feet above or  below (circle one) land surface Date measured: 1-19-07  
Method of Measurement (circle one)  steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 220 ft Well depth: 220 ft Well grouted to a depth of 10 feet  
Type of grout (circle one): Cement Bentonite  Mix  
Casing length: 200 feet Casing diameter: 4" inches Type of casing: PVC  
Screen length: 20 feet Screen diameter: 4" inches Type of screen: PVC  
Screen slot size: .010 inches Setting depth: From 200 feet to 220 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 law.

LEPER Drilling # 0079

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

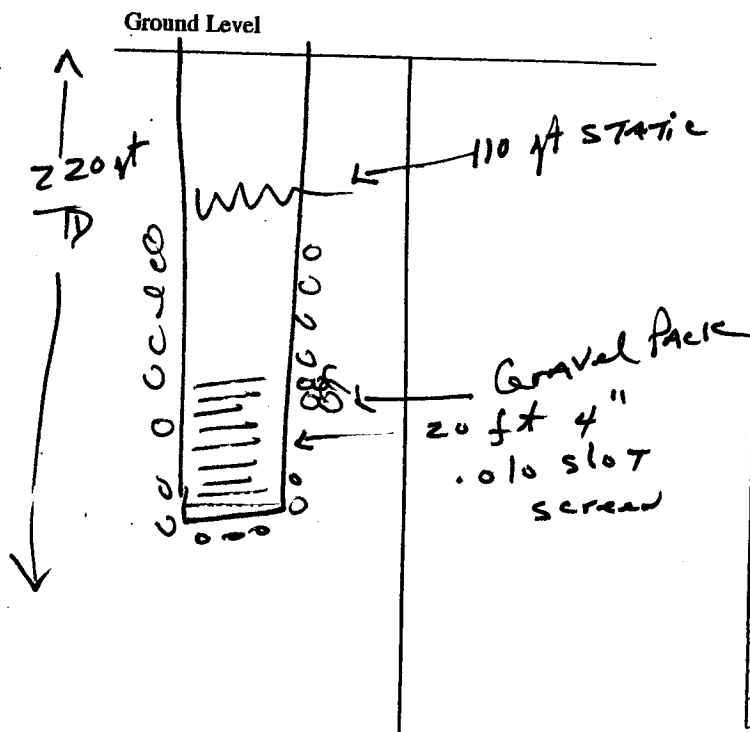
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FEB 10 2007

BY: OLWR

C-61

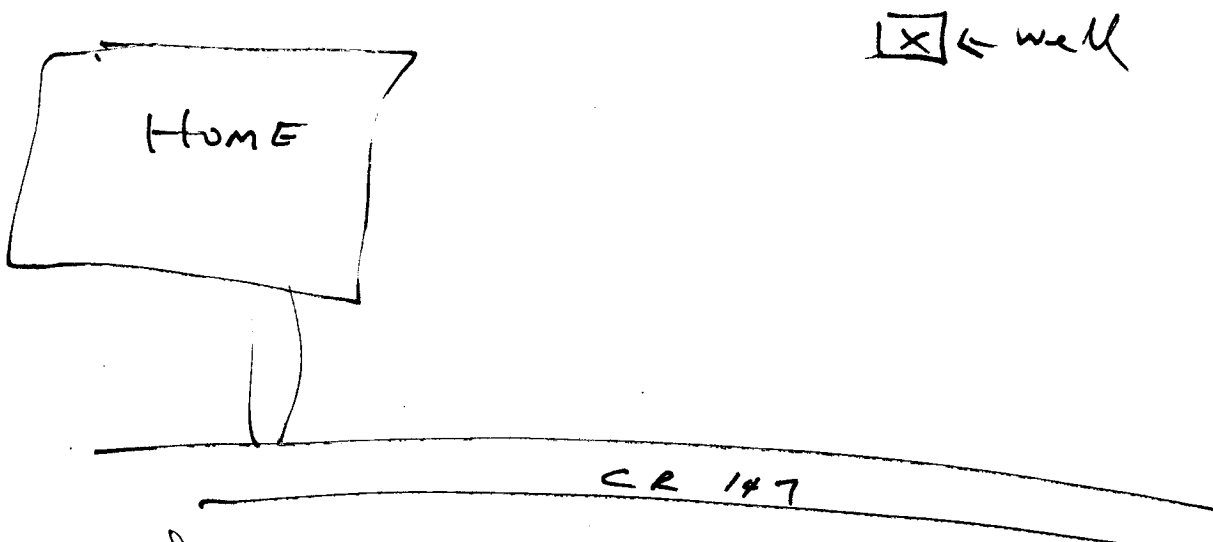
If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
Red Clay	0	20
Red Sand + Sand Rocks	20	70
Blue clay	70	170
fine gray sand	170	220

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: JAMES A. 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 #: C-61

Elevation: \_\_\_\_\_

County: Union

Permit #: \_\_\_\_\_

Driller: Leeper Drilling

Date completed: 1-19-07

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>JAMES A. Hill</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1044 CR 147</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>New Albany MS</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>13</u> Twn <u>6S</u> Rng <u>3E</u>
Telephone No. <u>(662) 534-8724</u>	Distance Direction Nearest Town <u>7</u> Miles <u>NE</u> of <u>NEW Albany</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor 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>1-19-07</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>1-19-07</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>110</u> Feet Below 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)

Ry Leeper  
Signature of Pump Installer

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