

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-63
L. S. Elevation: _____
E-log #: _____

County: Union
Permit #: _____
Driller: Leeper Drilling
Date drilling completed: 1-31-09

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: Roy Page
Mailing Address: CE 143
New Albany MS
City State Zip Code
Telephone No. (602) 316-5543

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 1 Twn 6S Rng 3E
Distance Direction Nearest Town
8 Miles NE of New Albany

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 1-28-09 Date well drilling completed: 1-31-09
If flowing, method of flow regulation: Valve - Other (describe) ~~other~~
Static Water Level: 70 feet above or below (circle one) land surface Date measured: 2-2-09
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 147 ft Well depth: 147 ft Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 117 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: 1013 inches Setting depth: From 117 feet to 147 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): _____

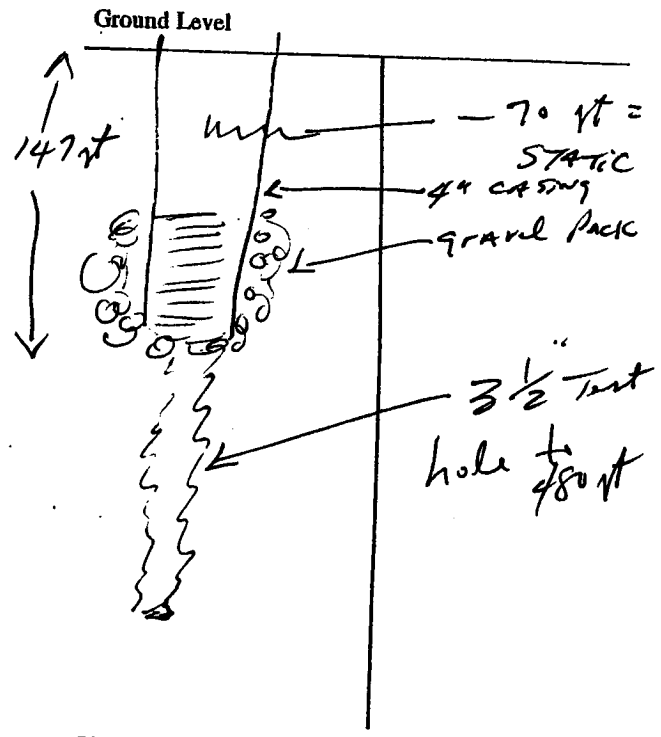
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

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

[Signature]
Signature of Water Well Contractor

RECEIVED
FEB 27 2009
BY: OLWR

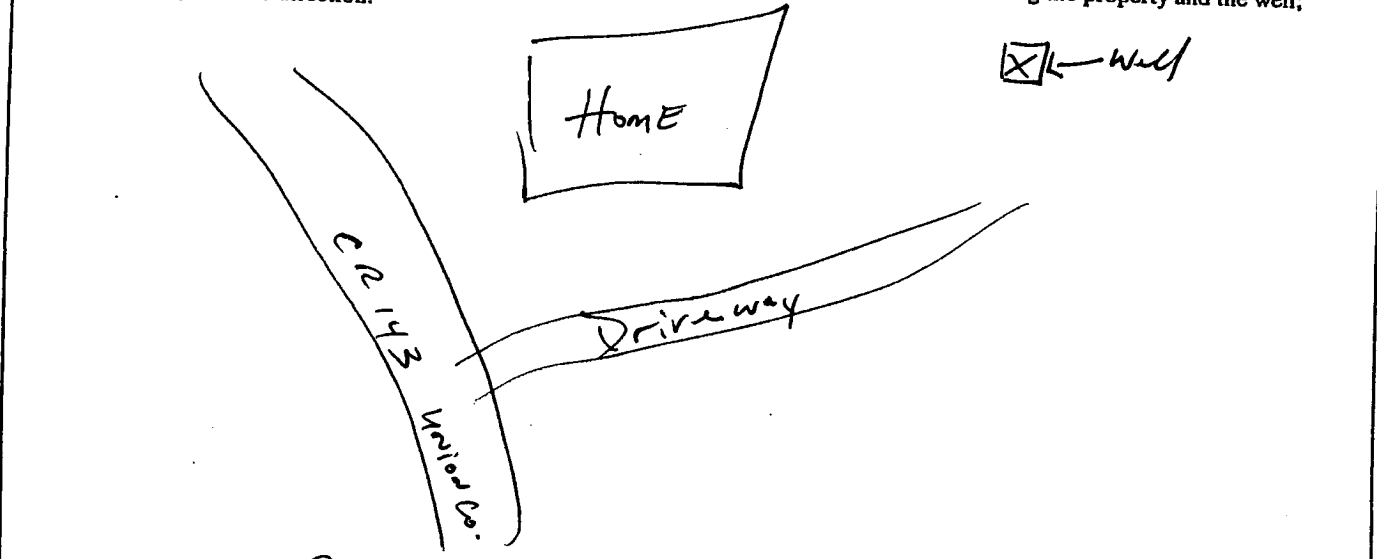
If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
Red Clay	0	20
Red Sand	20	70
Light Brown Sand and Sand Rocks	70	147
3 1/2" test hole to 480 ft	147	480
Blue Clay w/ Occasional Rock - NO Sand lens		

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: Roy Page

Signature of Water Well Contractor [Handwritten Signature]

RECEIVED
FEB 27 2009
BY: OLWR

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: 2-2-09

For Office Use Only:
Aquifer: _____
Well #: C-63
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
Owner Name: Ray Page
Mailing Address: CR 143
New Albany MS
City State Zip Code
Telephone No. (662) 316-5543

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 1 Twn 6S Rng 3E
Distance _____ Direction _____ Nearest Town _____
8 Miles NE of New Albany

Pump Type
Circle one
Air Lift _____ Jet _____ Submersible
Bucket _____ Piston _____ Turbine _____
Centrifugal _____ Rotary _____ Flowing Well _____
Other (specify): _____
Date Pump Installed: 2-2-09
Rated Pump Capacity: 56 GPM Gallons Per Minute

Power Type
Circle one
Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Electric Motor _____ Hand _____ Tractor PTO _____
Windmill _____ Other (specify): _____
Horse Power Rating of Motor: 3/4 HP
Setting Depth: 140 feet
Number of Stages: 7

Pump Test Data
Date Well Tested: 2-2-09
Static Water Level (A): 70 Feet Below Land Surface
Pumping Water Level (B): _____ Feet Below Land Surface
Drawdown [(B) - (A)]: _____ Feet Below Land Surface
Test Pumping Rate: _____ Gallons Per Minute
Duration of Pump Test (minimum 4 hours): _____ hours

Method of Measuring Water Level
Circle one
Air Line _____ Electric Measuring Line _____ Steel Tape
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 of Pump Installer _____

RECEIVED
FEB 27 2009
BY: OLWR