

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 #: D-31
L. S. Elevation: _____
E-log #: _____

County: UNION
Permit #: _____
Driller: LEEPER DRILLING
Date drilling completed: 3-30-09

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: Mark Nicholson
Mailing Address: CR 151
New Albany MS 38652
City State Zip Code
Telephone No. (662) 346-9950

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 7 Twn 6S Rng 4E
Distance Direction Nearest Town
8 Miles NE of New Albany

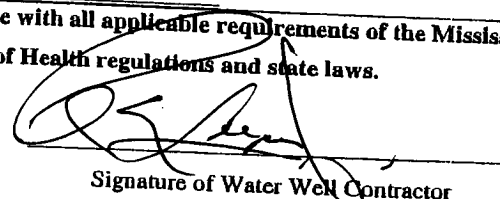
Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 3-30-09 Date well drilling completed: 3-30-09
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 100 feet above or below (circle one) land surface Date measured: 3-31-09
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 195 ft Well depth: 195 ft Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 175 feet Casing diameter: 4" inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 4" inches Type of screen: PVC
Screen slot size: .013 inches Setting depth: From 175 feet to 195 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

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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: 3-31-09

For Office Use Only:
Aquifer: _____
Well #: D-31
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>Mark Nicholson</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>CR 151</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS		
<u>New Albany MS 38652</u>	<u>1/4</u> <u>1/4</u> Sec. <u>7</u> Twn <u>6S</u> Rng <u>4E</u>	Distance	Direction
City State Zip Code	<u>8</u> Miles <u>NE</u> of <u>New Albany</u>		Nearest Town
Telephone No. (<u>662</u>) <u>346-9950</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>3-31-09</u>			Setting Depth: <u>160</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>3-31-09</u>	Air Line	Electric Measuring Line	<u>Steel Tape</u>
Static Water Level (A): <u>100</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)

[Signature]
Signature of Pump Installer

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