

# 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 #: F-58  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Union  
Permit #: \_\_\_\_\_  
Driller: Leeper Drilling  
Date drilling completed: NOV 04

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>John Porter</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>RED</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>ETTA</u> <u>MS</u> City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>23</u> Twn <u>7S</u> Rng <u>1E</u>
Telephone No. (____) _____	Distance Direction Nearest Town <u>7</u> Miles <u>SW</u> of <u>NEW ALBANY</u>

### Well Data

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

Date well drilling started: NOV 04 Date well drilling completed: NOV 04

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

Static Water Level: 9 feet above or below (circle one) land surface Date measured: NOV 04

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

Hole depth: 340 Well depth: 340 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 240 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 2" inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 300 feet to 340 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.

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

[Signature]  
Signature of Water Well Contractor

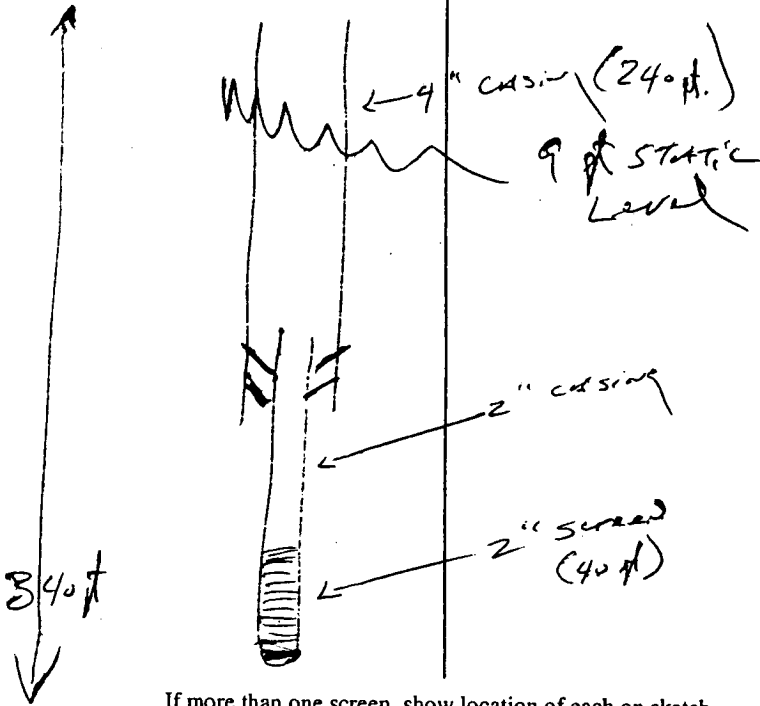
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BY OLIVE

If well telescopes please sketch below and show depths.

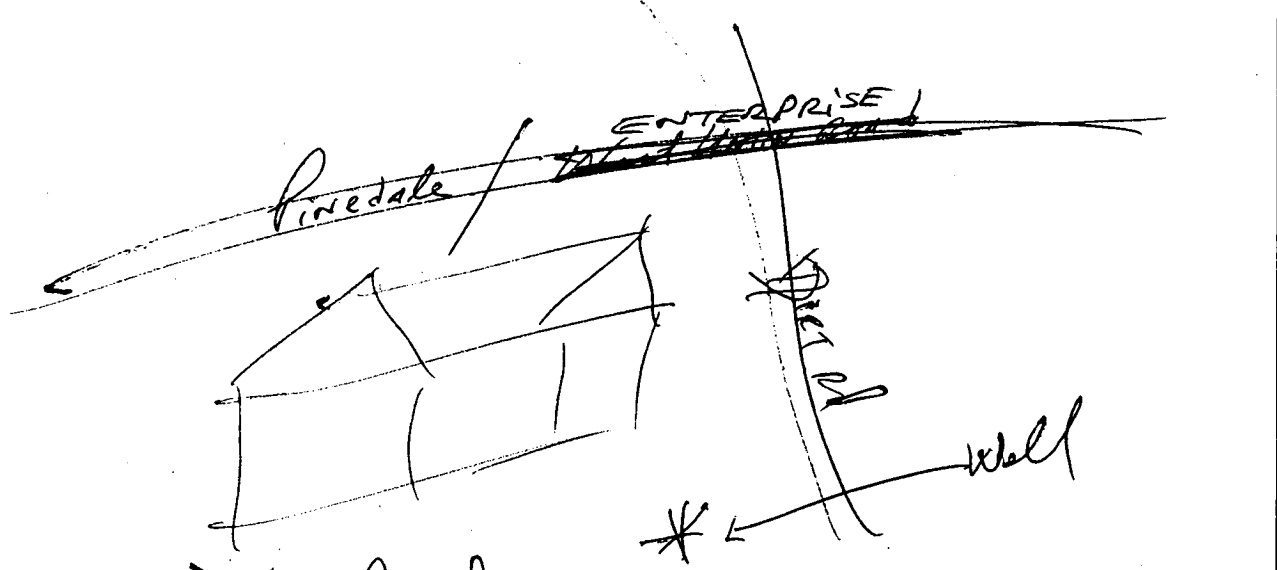
Ground Level



Description of Formations Encountered	From	To
Top clay	0	10
Blue clay	10	230
Chalk	230	300
Sand	300	340

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: John Porter

[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)

County: Union  
 Permit #: \_\_\_\_\_  
 Driller: Leeper Drilling  
 Date completed: Nov 04

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>John Porter</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>RED</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>ETTA MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>23</u> Twn <u>7S</u> Rng <u>1E</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>7</u> Miles <u>SW</u> of <u>NEW ALBANY</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>NOV 04</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NOV 04</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u>
Static Water Level (A): <u>9</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
Test Pumping Rate: _____ Gallons Per Minute	_____ 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

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