

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-60
L. S. Elevation: _____
E-log #: _____

County: Union
Permit #: _____
Driller: LEEPER Drilling
Date drilling completed: 3-28-08

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: Andy ROTEN
Mailing Address: 1325 CR 114
Myrtle MS 38650
City, State, Zip Code
Telephone No. (662) 837-8258

Well Location

Latitude: _____ Longitude: _____
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
____ 1/4 Sec 2 Twn 7S Rng 1E
Distance Direction Nearest Town
10 Miles W of New Albany

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 3/25/08 Date well drilling completed: 3-28-08
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 160 feet above or below (circle one) land surface Date measured: _____
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 515 ft Well depth: 515 ft Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 320 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 2 inches Type of screen: PVC
Screen slot size: .013 inches Setting depth: From 475 feet to 515 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.

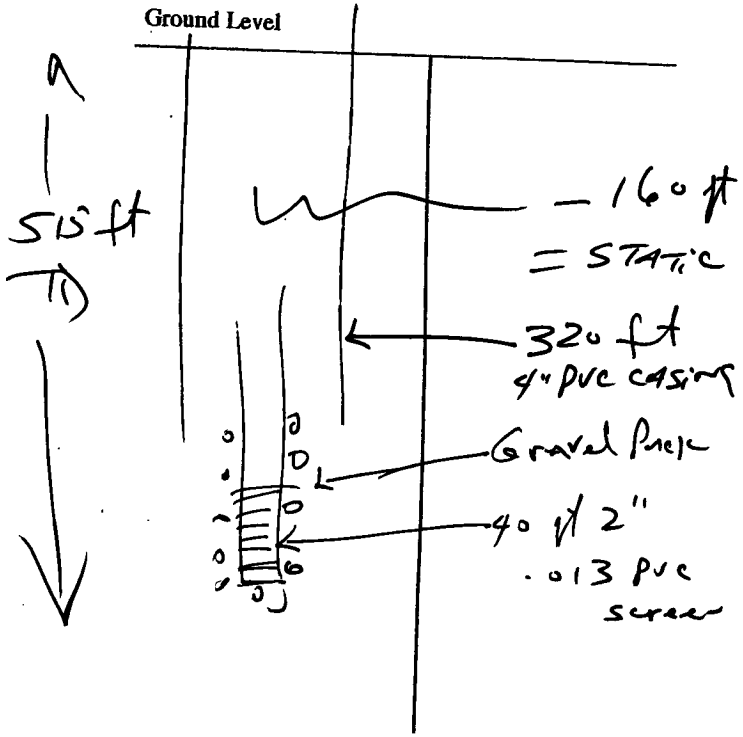
Signature of Water Well Contractor

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BY: OLWR

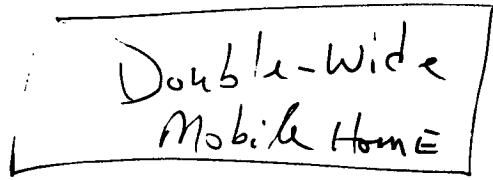
If well telescopes please sketch below and show depths.



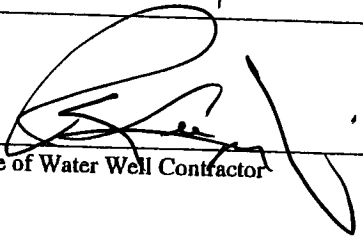
Description of Formations Encountered	From	To
Red Clay	0	20
Blue clay	20	60
Black clay	60	300
CHALK	300	475
SAND & Shell	475	515

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: Andy ROTEN


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: 3-29-08

For Office Use Only:
Aquifer: _____
Well #: F-60
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>Andy ROTEN</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1325 CR 116</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>2</u> Twn <u>7S</u> Rng <u>1E</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>(662) 837-8258</u>	<u>10</u> Miles <u>West</u> of <u>New Albany</u>

Pump Type Circle one	Power Type Circle one
Air Lift Bucket Centrifugal Other (specify): _____ Date Pump Installed: <u>3-29-08</u> Rated Pump Capacity: <u>10</u> Gallons Per Minute	<input checked="" type="radio"/> Submersible <input type="radio"/> Jet <input type="radio"/> Piston <input type="radio"/> Turbine <input type="radio"/> Rotary <input type="radio"/> Flowing Well <input type="radio"/> Diesel Engine <input checked="" type="radio"/> Electric Motor <input type="radio"/> Windmill Horse Power Rating of Motor: <u>1 HP</u> Setting Depth: <u>200</u> feet Number of Stages: <u>14</u> <input type="radio"/> Gasoline Engine <input type="radio"/> Hand Other (specify): _____ <input type="radio"/> Natural Gas <input type="radio"/> Tractor PTO

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-29-08</u>	<input type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>160</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]
Signature of Pump Installer

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