

# 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 #: G-86  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Union  
Permit #: \_\_\_\_\_  
Driller: Leeper Drilling  
Date drilling completed: 1.23.06

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>Jackie Roland</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>CR 515</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Myrtle, MS 38650</u> City State Zip Code	<u>1/4 1/4 Sec 6 Twn 7S Rng 2E</u>
Telephone No. <u>662 988-2914</u>	Distance Direction Nearest Town <u>5 Miles South of Myrtle</u>
Well Data	
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____	
Date well drilling started: <u>1.22.06</u> Date well drilling completed: <u>1.23.06</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>85</u> feet above or below (circle one) land surface Date measured: _____	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>410 ft</u> , Well depth: <u>410 ft</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement Bentonite <u>Mix</u>	
Casing length: <u>250</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>10/10</u> inches Setting depth: From <u>370</u> feet to <u>410</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed <u>Telescoped</u> 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.	
<u>Leeper Drilling # 0079</u> Print Name of Water Well Contractor and License No.	<u>[Signature]</u> Signature of Water Well Contractor

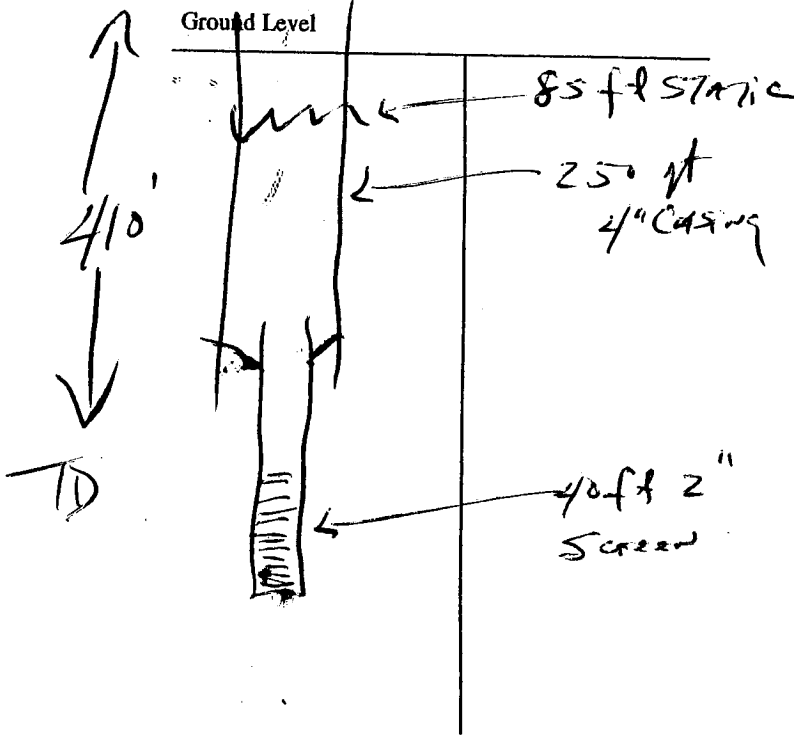
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BY: OLWR

G-86

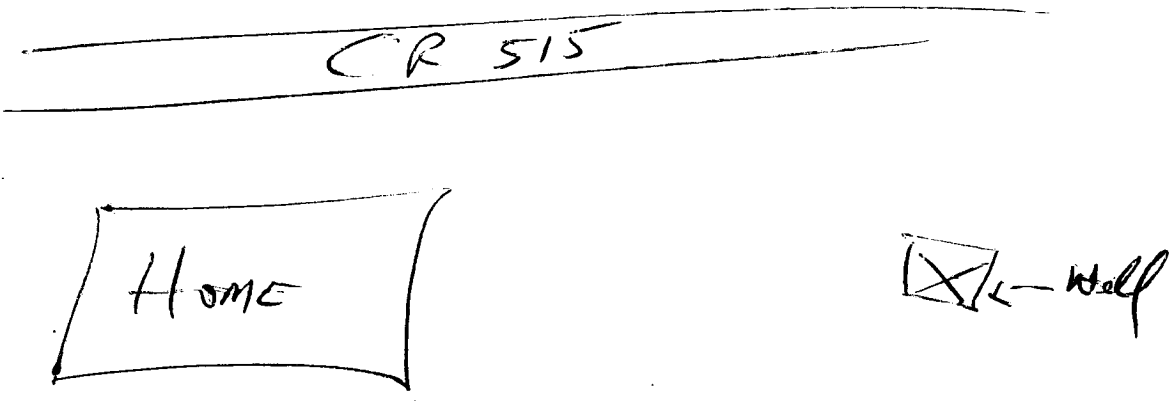
If well telescopes please sketch below and show depths.



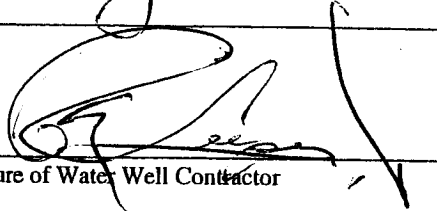
Description of Formations Encountered	From	To
TOP CLAY	0	20
Blue clay	20	240
C. HACK	240	370
SAND	370	410

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: Jackie Roland

  
 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: 1-24-06

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: G-86  
 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>Jackie Roland</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>CR 515</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Myrtle MS 38650</u> City / State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>6</u> Twn <u>75</u> Rng <u>2E</u>
Telephone No. (____) _____	Distance Direction Nearest Town <u>5</u> Miles <u>South</u> of <u>Myrtle</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>3/4 HP</u>
Date Pump Installed: <u>1-24-06</u>	Setting Depth: <u>140</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>1-24-06</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u>
Static Water Level (A): <u>85</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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