

County: Union  
 Permit #: \_\_\_\_\_  
 Driller: Leeper Drilling  
 Date drilling completed: ~~4-7-09~~  
4-7-09

# 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-92  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

**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>Wilbur Gregory</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Hiway 30 West</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City: <u>New Albany MS</u> State: <u>MS</u> Zip Code: <u>38652</u>	_____ 1/4 _____ 1/4 Sec <u>14</u> Twn <u>7S</u> Rng <u>2E</u>
Telephone No. <u>(662) 534-3807</u>	Distance _____ Direction _____ Nearest Town _____
	<u>9</u> Miles <u>W</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: ~~4-4-09~~ 4-4-09 Date well drilling completed: ~~4-7-09~~ 4-7-09

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

Static Water Level: 100 feet above of  below (circle one) land surface Date measured: ~~4-8-09~~ 4-8-09

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

Hole depth: 280 ft Well depth: 280 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement  Bentonite   Mix

Casing length: 260 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 260 feet to 280 feet

Type of completion (circle all applicable):  Gravel packed  Underreamed  Telescoped  Open hole  Natural Development

Other (describe): \_\_\_\_\_

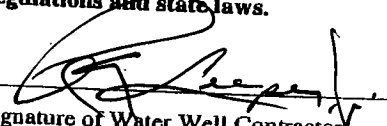
Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. If telescoped or more than one screen, describe on back of page

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

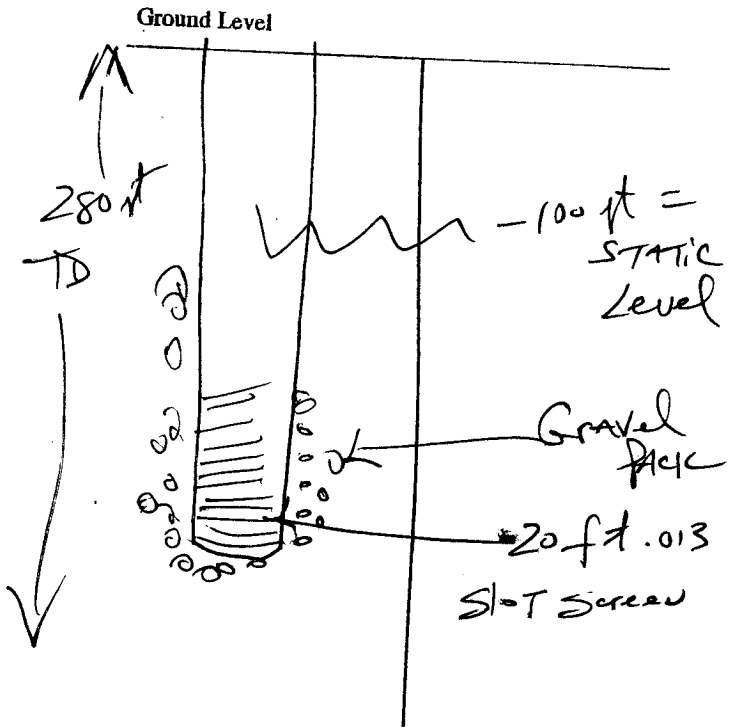
RECEIVED

APR 24 2009

BY: OLWR

G-92

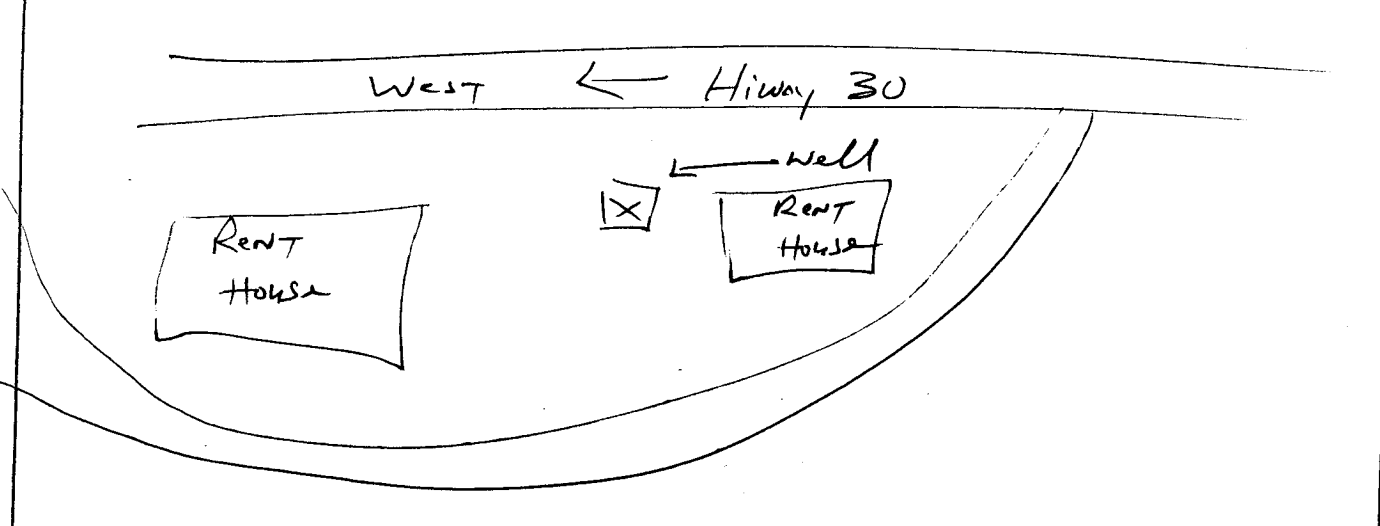
If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
To P Gumbo	0	30
Blue clay	30	140
CHALK & Rock	140	240
Shell & Sand	240	280

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: Wilbur Gregory

Signature of Water Well Contractor: [Signature]

RECEIVED  
 APR 24 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)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: G-92

Elevation: \_\_\_\_\_

County: Union

Permit #: \_\_\_\_\_

Driller: Leeper Drilling

Date completed: ~~4-18-09~~  
4-8-09

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: Wilbur Gregory

Mailing Address: Hiway 30 West

New Albany MS 38652  
City State Zip Code

Telephone No. (662) 539-3807

### 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 16 Twn 7S Rng 2E

Distance \_\_\_\_\_ Direction \_\_\_\_\_ Nearest Town \_\_\_\_\_  
4 Miles W of New Albany

### Pump Type Circle one

Air Lift \_\_\_\_\_ Jet \_\_\_\_\_ Submersible  
Bucket \_\_\_\_\_ Piston \_\_\_\_\_ Turbine \_\_\_\_\_  
Centrifugal \_\_\_\_\_ Rotary \_\_\_\_\_ Flowing Well \_\_\_\_\_

Other (specify): \_\_\_\_\_

Date Pump Installed: ~~4-18-09~~  
4-8-09

Rated Pump Capacity: 10 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: 1 HP

Setting Depth: 160 feet

Number of Stages: 14

### Pump Test Data

Date Well Tested: ~~4-18-09~~  
4-8-09

Static Water Level (A): 100 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]  
Signature of Pump Installer

RECEIVED

APR 24 2009

BY: OLWR