

# State Well Report

## Part I

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: G 93  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Union  
Permit #: \_\_\_\_\_  
Driller: Leeper Drilling  
Date drilling completed: 3-11-10

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: Joseph McGaha  
Mailing Address: Hwy 30 West  
New Albany MS  
City State Zip Code  
Telephone No. (662) 316-2700

### Well Location

Latitude: 34.2832 " Longitude: 89.05.50 "  
Method of Lat/Long (circle one): Conventional Survey,  
USGS quad, Hand-held GPS, Survey-grade GPS  
N5 1/4 S4 1/4 Sec 16 Twn 75 Rng 2E  
Distance 5 Miles Direction W of Nearest Town NEW ALBANY

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: 3-10-10 Date well drilling completed: 3-11-10  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 40 feet above or below (circle one) land surface Date measured: 3-12-10  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 250 ft Well depth: 250 ft Well grouted to a depth of 10 feet  
Type of grout (circle one): Cement Bentonite Mix  
Casing length: 180 feet Casing diameter: 4" inches Type of casing: PVC  
Screen length: 30 feet Screen diameter: 2" inches Type of screen: PVC  
Screen slot size: .010 inches Setting depth: From 220 feet to 250 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.

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

Signature of Water Well Contractor [Signature]

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MAR 25 2010

BY: OLIVER



# 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: 693  
Well #: \_\_\_\_\_  
Elevation: \_\_\_\_\_

County: Union  
Permit #: \_\_\_\_\_  
Driller: Leeper Drilling  
Date completed: 3/12/10

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>Joseph McGahr</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>Harry 3rd West</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS		
<u>New Albany, MS</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>16</u> Twn <u>7S</u> Rng <u>2E</u>		
Telephone No. <u>662-316-2710</u>	Distance _____	Direction _____	Nearest Town _____
	<u>5</u> Miles <u>W</u> of <u>NEW ALBANY</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>3/12/10</u>			Setting Depth: <u>100</u> feet		
Rated Pump Capacity: <u>10</u> Gallons Per Minute			Number of Stages: <u>9</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: <u>3-12-10</u>	Air Line	Electric Measuring Line	<u>Steel Tape</u>
Static Water Level (A): <u>40</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.  
Print Name of Pump Installer and License No. (if applicable): Leeper Drilling #007  
Signature of Pump Installer: [Signature]

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