

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: 695
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Union
Permit #: _____
Driller: Leeper Drilling
Date drilling completed: NOV 11, 2010

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: James Collins
Mailing Address: 18 Union CR 515
Myrtle, MS 38650
City State Zip Code
Telephone No. 662 753-9146

Well Location

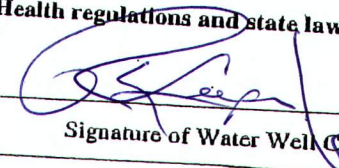
Latitude: 34° 30' 12" Longitude: 89° 08' 07"
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
NE 1/4 SW 1/4 Sec 6 Twn 7S Rng 2E
Distance 4 Miles Direction S of Nearest Town Myrtle

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 11-8-2010 Date well drilling completed: 11-11-2010
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 100 feet above or below (circle one) land surface Date measured: 11-12-2010
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 390 ft Well depth: 390 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: 40 feet Screen diameter: 2 inches Type of screen: PVC
Screen slot size: .013 inches Setting depth: From 350 feet to 390 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 

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DEC 15 2010
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)

County: Union
Permit #: _____
Driller: Leaper Drilling
Date completed: 11-12-2010

For Office Use Only:
Aquifer: _____
Well #: 695
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>JAMES COLLUMS</u>		Latitude: _____	Longitude: _____
Mailing Address: <u>18 CR 515</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>6</u> Twn <u>7S</u> Rng <u>2E</u>	
City: _____ State: _____ Zip Code: _____		Distance _____ Miles	Direction _____ of Nearest Town <u>Myrtle</u>
Telephone No. <u>(662) 753-9146</u>			

Pump Type Circle one			Power Type Circle one		
<input type="checkbox"/> Air Lift	<input type="checkbox"/> Jet	<input checked="" type="checkbox"/> Submersible	<input checked="" type="checkbox"/> Diesel Engine	<input type="checkbox"/> Gasoline Engine	<input type="checkbox"/> Natural Gas
<input type="checkbox"/> Bucket	<input type="checkbox"/> Piston	<input type="checkbox"/> Turbine	<input checked="" type="checkbox"/> Electric Motor	<input type="checkbox"/> Hand	<input type="checkbox"/> Tractor PTO
<input type="checkbox"/> Centrifugal	<input type="checkbox"/> Rotary	<input type="checkbox"/> Flowing Well	<input type="checkbox"/> Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>3/4 HP</u>		
Date Pump Installed: <u>11-12-2010</u>			Setting Depth: <u>160</u> feet		
Rated Pump Capacity: <u>10</u> Gallons Per Minute			Number of Stages: <u>8</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: <u>11-12-2010</u>		<input type="checkbox"/> Air Line	<input checked="" type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>100</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.

Leaper Drilling # 0079
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer

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DEC 15 2010
BY: OLWR