

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: 696  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Union  
Permit #: \_\_\_\_\_  
Driller: Leaper Drilling  
Date drilling completed: Jan 29, 2011

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: Charles Harris  
Mailing Address: 411 CR 51  
New Albany, MS 38652  
City State Zip Code  
Telephone No. (662) 317-8065

Well Location

Latitude: 34.30.04 Longitude: 89.07.10  
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS  
NW 1/4 SW 1/4 Sec 5 Twn 7S Rng 2E  
Distance Direction Nearest Town  
5 Miles West of New Albany

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: 1-26-11 Date well drilling completed: 1-29-11  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 140 feet above of below (circle one) land surface Date measured: 1-31-11  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 500 ft Well depth: 500 ft Well grouted to a depth of 10 feet  
Type of grout (circle one): Cement Bentonite Mix  
Casing length: 340 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 460 feet to 500 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.

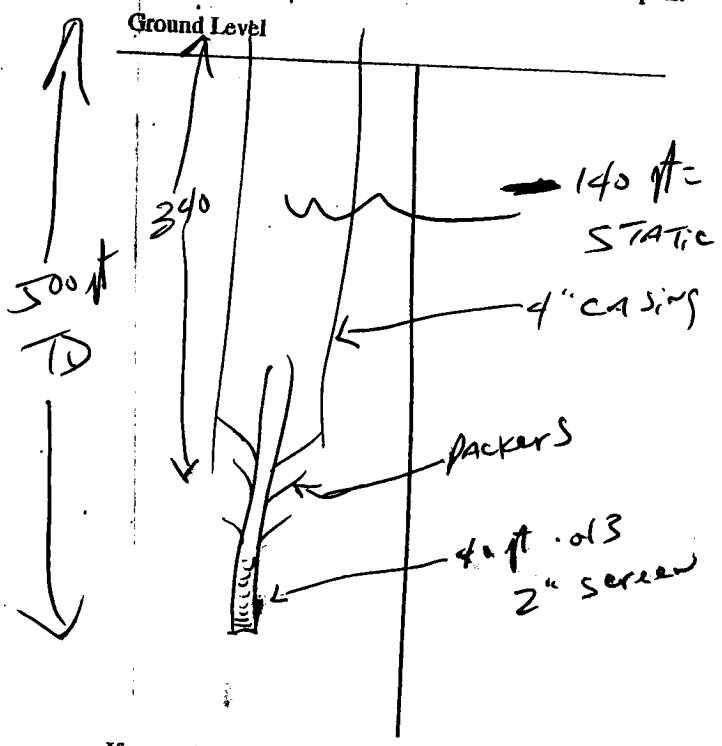
Leaper Drilling #0079  
Print Name of Water Well Contractor and License No.

[Signature]  
Signature of Water Well Contractor

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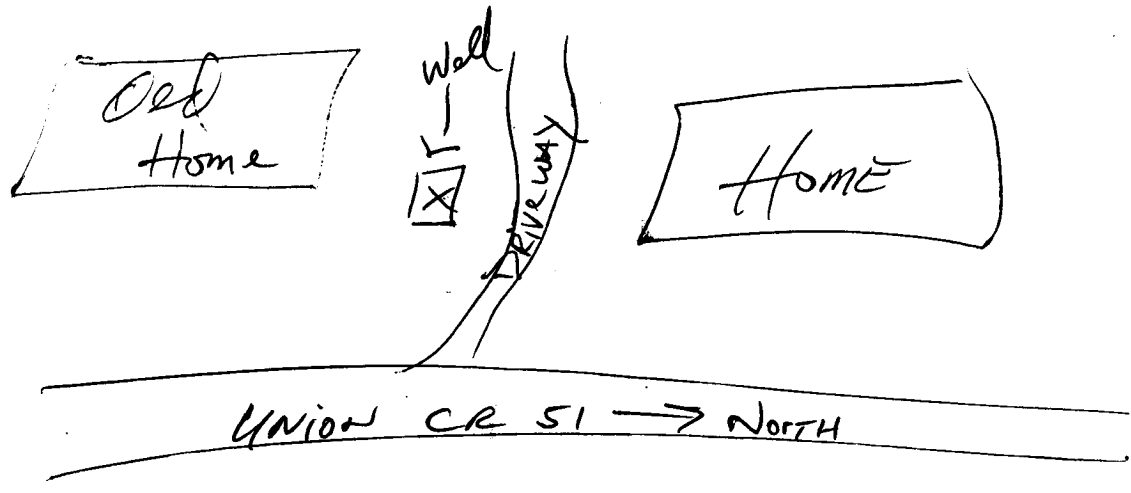
If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
Top Clay	0	20
Blue clay	20	300
Chalk	300	450
Sand	450	500

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: Charles Harris

[Signature]  
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)

### For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: G96  
Elevation: \_\_\_\_\_

County: Union  
Permit #: \_\_\_\_\_  
Driller: Leeper Drilling  
Date completed: 1-31-11

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>Charles Harris</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>411 CR 51</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS		
<u>New Albany MS 38652</u>	_____ 1/4 _____ 1/4 Sec <u>5</u> Twn <u>7S</u> Rng <u>2E</u>	Distance _____	Direction _____
City State Zip Code		Nearest Town _____	
Telephone No. (662) <u>317-8065</u>	<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>1 HP</u>		
Date Pump Installed: <u>Jan 31, 2011</u>			Setting Depth: <u>200 ft</u>		
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>1-31-11</u>	Air Line	Electric Measuring Line	<u>Steel Tape</u>
Static Water Level (A): <u>140</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 of Pump Installer \_\_\_\_\_

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