

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 #: H-72
 L. S. Elevation: _____
 E-log #: _____

County: Union 145
 Permit #: _____
 Driller: Leaper Drilling
 Date drilling completed: Jan 05 1-28-05

Leaper Drilling 22C

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>Joe Conzar</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>924 Highway 30 EAST</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	<u>1/4 1/4 Sec 10 Twn 7 S Rng 3 E</u>
Telephone No: <u>(662) 534-8011</u>	Distance Direction Nearest Town <u>5 Miles E of New Albany</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: Jan 05 1-24-05 Date well drilling completed: Jan 05 1-28-05

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

Static Water Level: 166 feet above or below (circle one) land surface Date measured: Jan 05

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

Hole depth: 680 Well depth: 680 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 360 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: .080 inches Type of screen: PVC

Screen slot size: .008 inches Setting depth: From 600 feet to 640 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: 350 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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BY: OLWR

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 #: H-72
 Elevation: _____

County: Union
 Permit #: _____
 Driller: LEEPER Drilling
 Date completed: Jan 05 1-31-05

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>Joe Cousar</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Hiway 30 E</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>10</u> Twn <u>7S</u> Rng <u>3E</u>
Telephone No. (<u>662-534-8011</u>)	Distance Direction Nearest Town <u>3</u> Miles <u>E</u> of <u>New Albany</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> <input checked="" type="radio"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2 HP</u>
Date Pump Installed: <u>Jan 05 1-31-05</u>	Setting Depth: <u>231</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>18</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>Jan 05 1-31-05</u>	Air Line Electric Measuring Line <u>Steel Tape</u> <input checked="" type="radio"/>
Static Water Level (A): <u>166</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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