

# 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-86  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Union  
Permit #: \_\_\_\_\_  
Driller: Leeper Drilling  
Date drilling completed: 2-6-09

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: Paul Hall  
Mailing Address: Martin town Rd  
New Albany MS 38862  
City State Zip Code  
Telephone No. (234) 534-5655

### 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 25 Twn 7S Rng 3E  
Distance Direction Nearest Town  
3 Miles SW of New Albany

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: 2-5-09 Date well drilling completed: 2-6-09  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 25 feet above or below (circle one) land surface Date measured: 2-7-09  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 145 ft Well depth: 145 ft Well grouted to a depth of 10 feet  
Type of grout (circle one): Cement Bentonite Mix  
Casing length: 125 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 125 feet to 145 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): \_\_\_\_\_

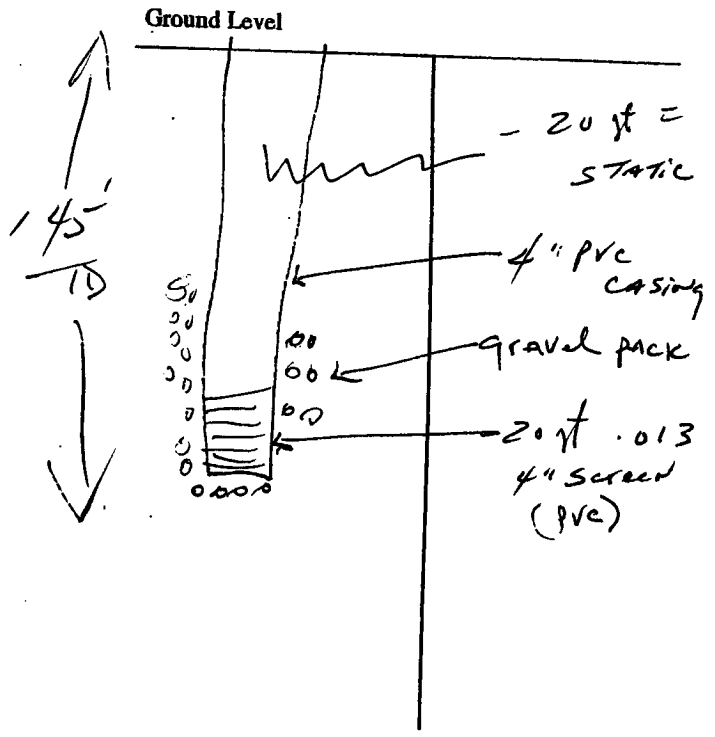
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

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

Signature of Water Well Contractor [Signature]

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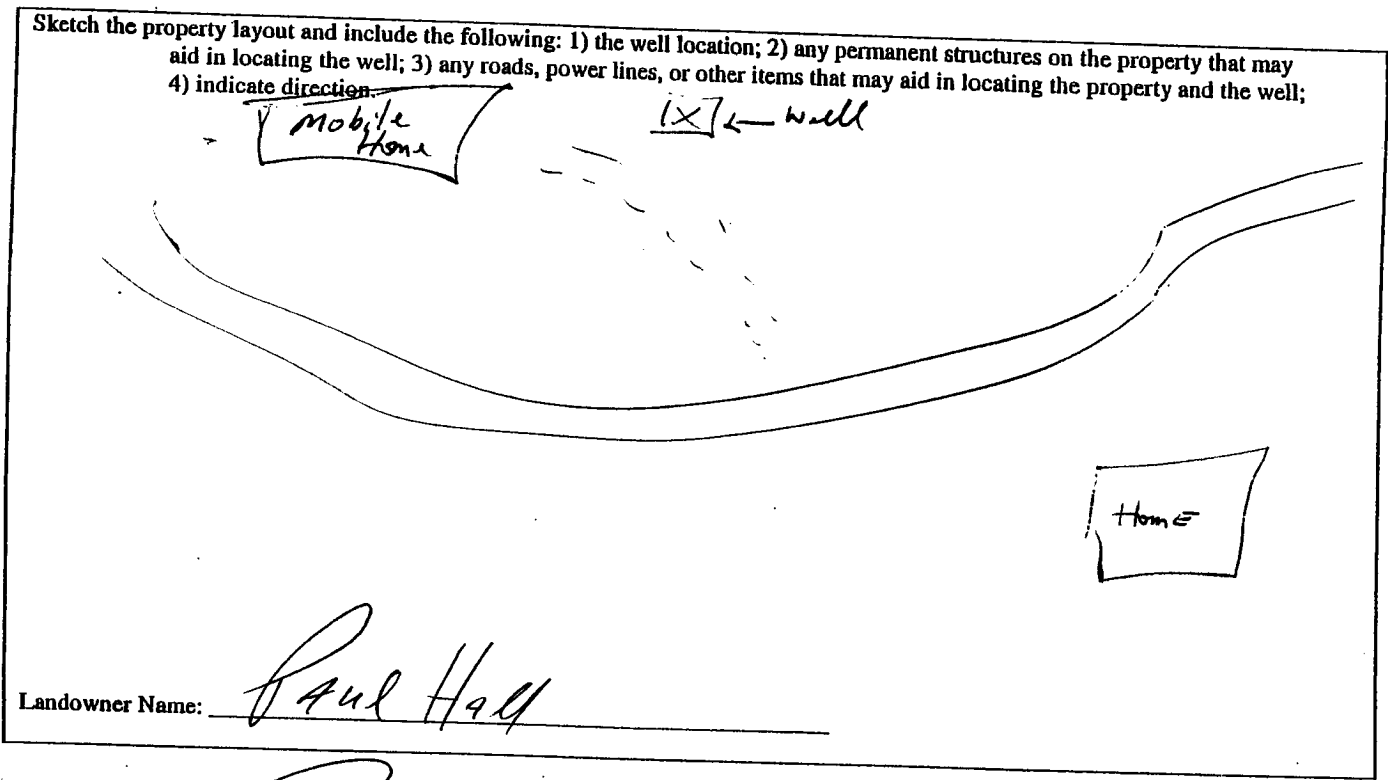
If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
Red Clay	0	20
Blue Clay	20	60
Brown sand		
Rock + Shell	60	120
light brown water sand	120	145

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: Paul Hall

[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 #: H-86  
Elevation: \_\_\_\_\_

County: Union  
Permit #: \_\_\_\_\_  
Driller: Leeper Drilling  
Date completed: 2-7-09

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	Well Location
Owner Name: <u>Paul Hall</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>New Albany MS</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: <u>New Albany</u> State: <u>MS</u> Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>25</u> Twn <u>7S</u> Rng <u>3E</u>
Telephone No. ( <u>662</u> ) <u>534-5655</u>	Distance _____ Direction _____ Nearest Town _____
	<u>3</u> Miles <u>SW</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>2-7-09</u>	Setting Depth: <u>100</u> feet
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>2-7-09</u>	Air Line _____ Electric Measuring Line _____ <u>Steel Tape</u>
Static Water Level (A): <u>25</u> Feet <u>Below</u> 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: [Signature]

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FEB 27 2009  
BY: OLWR