

# 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 #: J-55  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Union  
Permit #: \_\_\_\_\_  
Driller: Leeper Drilling  
Date drilling completed: 3-23-07

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: Tony Bain  
Mailing Address: 470 Hwy 348  
New Albany, MS 38652  
City State Zip Code  
Telephone No. (662) 539-1920

### 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 21 Twn 7S Rng 4E  
Distance Direction Nearest Town  
12 Miles SE of New Albany

### Well Data

Purpose of Well (circle one)  Home  Industrial  Public Supply  Irrigation  Fish Culture  Other: \_\_\_\_\_  
Date well drilling started: 3-19-07 Date well drilling completed: 3-23-07  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 235 feet above or  below (circle one) land surface Date measured: 3-24-07  
Method of Measurement (circle one)  steel tape  electric tape  air line  other: \_\_\_\_\_  
Hole depth: 600 ft Well depth: 600 ft Well grouted to a depth of 10 feet  
Type of grout (circle one):  Cement  Bentonite  Mix  
Casing length: 460 feet Casing diameter: 4 inches Type of casing: PVC  
Screen length: 50 feet Screen diameter: 2 inches Type of screen: PVC  
Screen slot size: .013 inches Setting depth: From 550 feet to 600 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.

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

[Signature]  
Signature of Water Well Contractor

RECEIVED

MAR 29 2007  
BY: OLIVE



# 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 #: J-55  
 Elevation: \_\_\_\_\_

County: Union  
 Permit #: \_\_\_\_\_  
 Driller: Leeper Drilling  
 Date completed: 3-26-07

**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>Tony Bain</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>470 Hiway 7348</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey,
<u>New Albany, MS 38652</u>	<input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>21</u> Twn <u>7S</u> Rng <u>4E</u>
Telephone No. <u>(662) 539-1920</u>	Distance Direction Nearest Town
	<u>12</u> Miles <u>SE</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 1/2 HP</u>
Date Pump Installed: <u>3-26-07</u>	Setting Depth: <u>336</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>3-26-07</u>	Air Line      Electric Measuring Line <u>Steel Tapé</u>
Static Water Level (A): <u>235</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

**RECEIVED**  
 MAR 29 2007  
 BY: OLWR