

# 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 #: L-30  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Union  
Permit #: \_\_\_\_\_  
Driller: LEEPER Drilling  
Date drilling completed: 5-12-06

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>Tim Hall</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>CR 96</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>New Albany MS 38652</u> City State Zip Code	<u>1/4 1/4 Sec 14 Twn 85 Rng 2E</u>
Telephone No. <u>(662) 534-9265</u>	Distance Direction Nearest Town <u>6 Miles S of New Albany</u>

### Well Data

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

Date well drilling started: 5-10-06 Date well drilling completed: 5-12-06

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

Static Water Level: 40 feet above or below (circle one) land surface Date measured: 5-13-06

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

Hole depth: 205' Well depth: 205' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 160 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 2" inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 165 feet to 205 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.

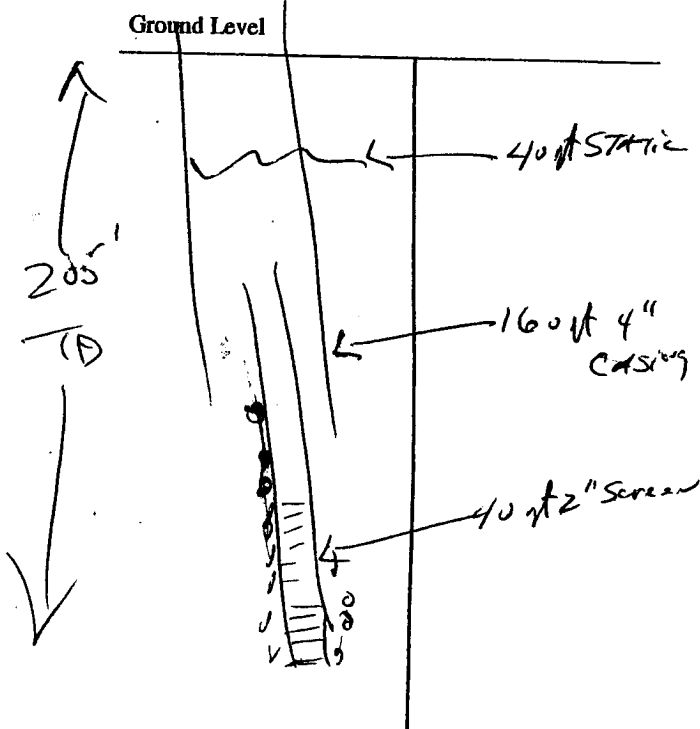
Leeper Drilling #0079

Print Name of Water Well Contractor and License No.

[Signature]  
Signature of Water Well Contractor

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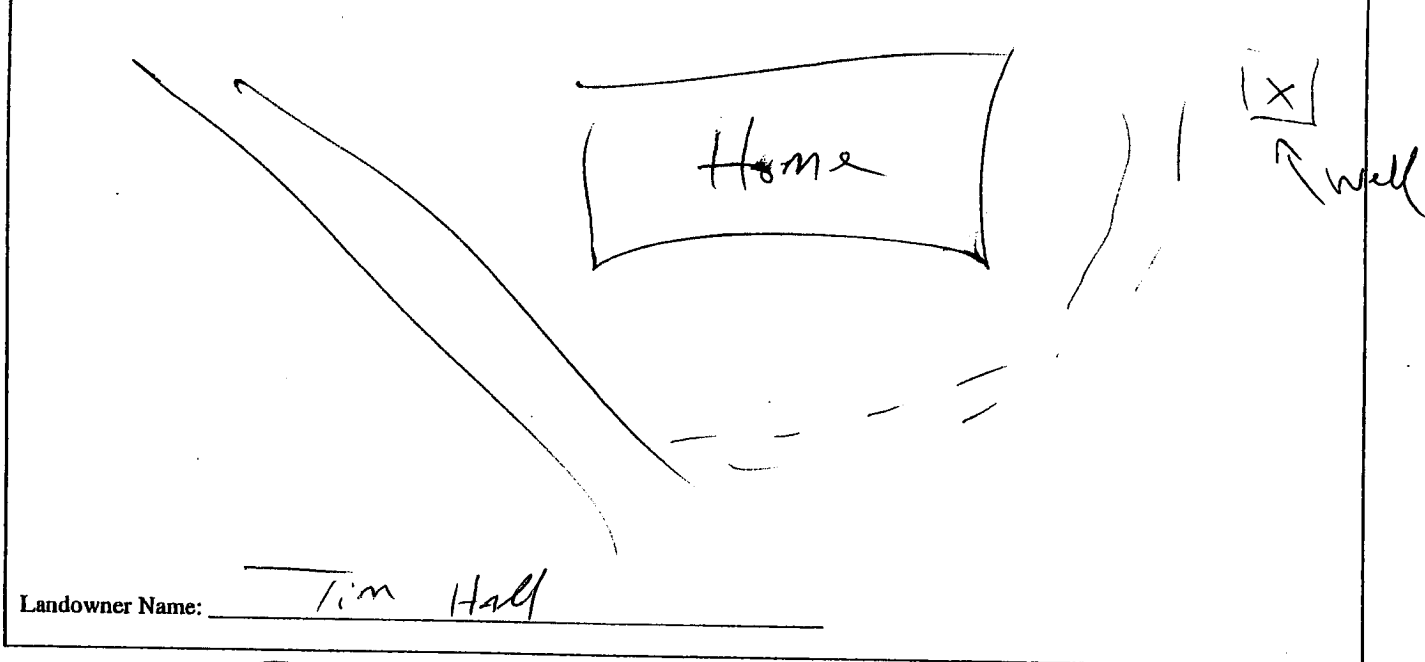
If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
TOP CLAY	0	30
Blue CLAY	30	170
SAND + ROCK	170	205

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: Tim Hall

Signature of Water Well Contractor

*[Handwritten Signature]*

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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 #: L-30  
 Elevation: \_\_\_\_\_

County: UNION  
 Permit #: \_\_\_\_\_  
 Driller: Leeper Drilling  
 Date completed: 5-13-06

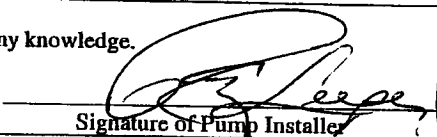
**This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.**

Well Owner Information	Well Location
Owner Name: <u>Tim Hall</u> Mailing Address: <u>CR 96</u> <u>New Albany MS 38652</u> <small>City State Zip Code</small> Telephone No. <u>(662) 534-9265</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>14</u> Twn <u>8S</u> Rng <u>2E</u> Distance Direction Nearest Town <u>6</u> Miles <u>South</u> of <u>New Albany</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <b>Submersible</b> <input checked="" type="radio"/> Bucket Piston <input type="radio"/> Turbine <input type="radio"/> Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> Other (specify): _____ Date Pump Installed: <u>5-13-06</u> Rated Pump Capacity: <u>12</u> Gallons Per Minute	Diesel Engine <input checked="" type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> Electric Motor <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>1 HP</u> Setting Depth: <u>100</u> feet Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-13-06</u> Static Water Level (A): <u>40</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> <b>Steel Tape</b> <input checked="" type="radio"/> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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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MAY 18 2006

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