

# 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 #: N-52  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: UNION  
Permit #: \_\_\_\_\_  
Driller: Leeper Drilling  
Date drilling completed: OCT 25, 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>STEVE Keasler</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>UNION CO 207</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Blue Springs MS</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>21</u> Twn <u>8S</u> Rng <u>4E</u>
Telephone No. <u>(662) 316-0493</u>	Distance _____ Direction _____ Nearest Town _____ <u>7</u> Miles <u>SOUTH</u> of <u>Blue Springs</u>

**Well Data**

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

Date well drilling started: 10-20-06 Date well drilling completed: 10-25-06

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

Static Water Level: 240 feet above of below (circle one) land surface Date measured: 10-26-06

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: 430 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 2" inches Type of screen: PVC

Screen slot size: .010 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.

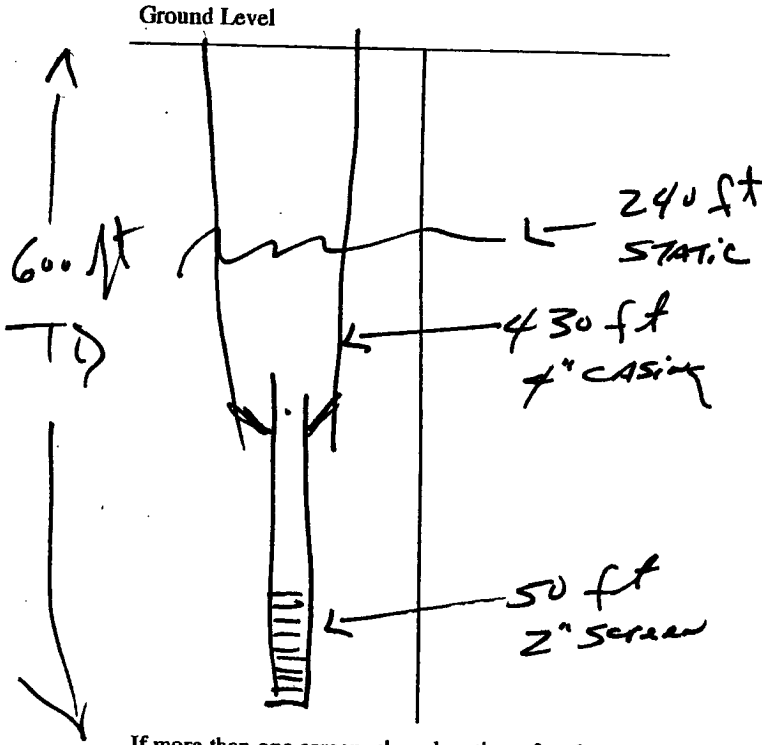
  
Signature of Water Well Contractor  
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NOV 27 2006

BY: OLW/P

N-52

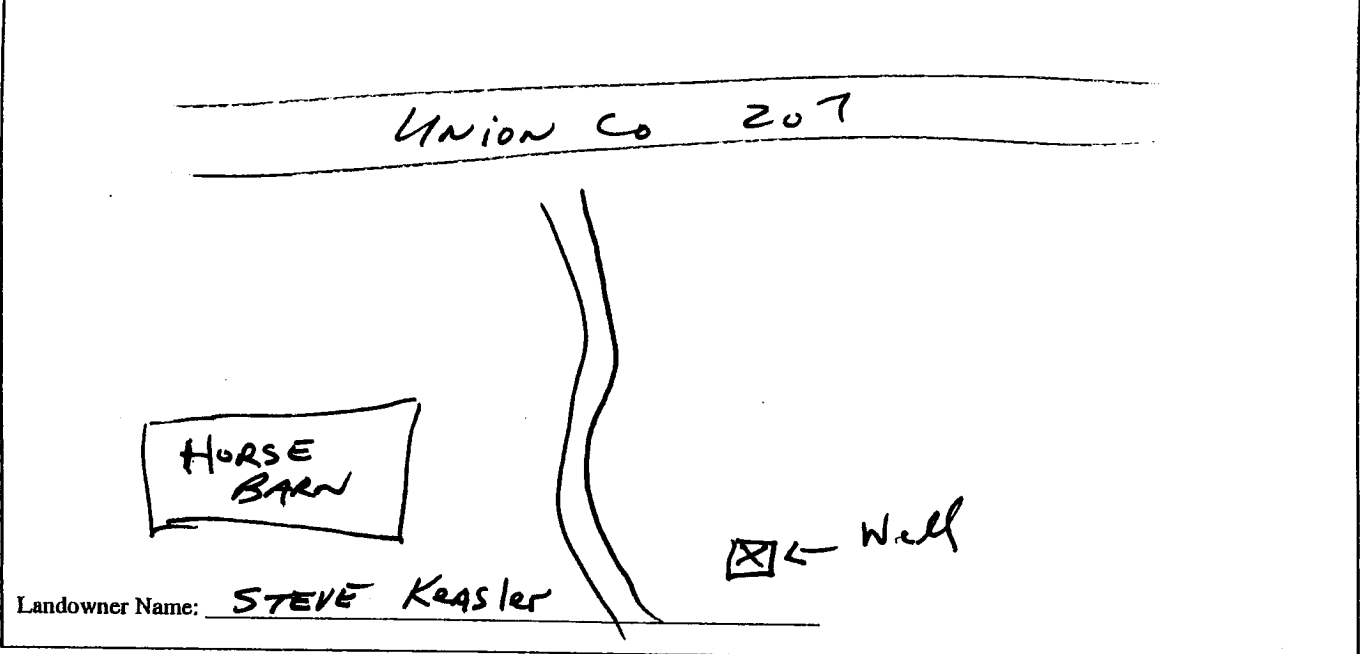
If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
TOP Red clay	0	30
Red sand	30	70
Blue clay	70	420
CHALK	420	525
SAND	525	600

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.



Signature of Water Well Contractor

*[Handwritten Signature]*

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 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)

County: LINCOLN  
Permit #: \_\_\_\_\_  
Driller: Leeper Drilling  
Date completed: 10-26-06

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: N-52  
Elevation: \_\_\_\_\_

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>STAKE Keasler</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Lincoln Co 207</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Blue Springs MS</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>21</u> Twn <u>8 S</u> Rng <u>4 E</u>
Telephone No. <u>662, 316-0493</u>	Distance Direction Nearest Town <u>1/2</u> Miles <u>South</u> of <u>Blue Springs</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</u>
Date Pump Installed: <u>10/26/06</u>	Setting Depth: <u>315</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>18</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-26-06</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>240</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]  
Signature of Pump Installer

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