

4920 Bush A 161

# State Well Report Part 1

For Office Use Only:

County: Tallahatchie  
 Permit #: \_\_\_\_\_  
 Driller: LEEPER Drilling  
 Date drilling completed: Oct 04

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)

Aquifer: \_\_\_\_\_  
 Well #: A-49  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

Leeper Drilling, LLC

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 Hill</u>	Latitude: <u>34° 06' 29"</u> Longitude: <u>89° 48' 12"</u>
Mailing Address: <u>c/o Hill Construction Co -</u> <u>WATER Valley, MS</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SE</u> ¼ <u>SW</u> ¼ Sec <u>29</u> Twn <u>11 S</u> Rng <u>6 W</u>
Telephone No. <u>663 473-1031</u>	Distance: <u>10</u> Miles Direction: <u>W</u> of Nearest Town: <u>WATER Valley</u>

### Well Data

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

Date well drilling started: Sept 04 Date well drilling completed: Oct 04

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

Static Water Level: 100 feet above or below (circle one) land surface Date measured: Oct '04

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

Hole depth: 540 Well depth: 540 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 340 feet Casing diameter: 4" inches Type of casing: PVC

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

Screen slot size: .008 inches Setting depth: From 500 feet to 540 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: 320 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): \_\_\_\_\_

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 OCT 07 2004  
 BY: OLWR

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



VALOBUSSA

# STATE WELL REPORT

## Part 2

County: Yalobusha  
 Permit #: \_\_\_\_\_  
 Driller: Leeper Drilling  
 Date completed: Oct '04

**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 #: A-49  
 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>STEVE Hill</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>90 Hill Construction</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Water Valley MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State / Zip Code	_____ 1/4 _____ 1/4 Sec <u>24</u> Twn <u>11S</u> Rng <u>6W</u>
Telephone No: <u>662 473-1031</u>	Distance Direction Nearest Town
	<u>10</u> Miles <u>West</u> of <u>Water Valley</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 <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2 HP</u>
Date Pump Installed: <u>Oct 04</u>	Setting Depth: <u>160</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>11</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <u>Steel Tape</u> <input checked="" type="radio"/>
Static Water Level (A): <u>100</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.

LEOPER Drilling  
 Print Name of Pump Installer and License No. (if applicable)

[Signature]  
 Signature of Pump Installer