

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)

Never received Part 2 3/2013

County: Alcorn

Permit #:

Driller: Leeper Drilling

Date drilling completed: 9-29-07

For Office Use Only:

Aquifer:

Well #: G-142

L. S. Elevation:

E-log #:

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: Mitchell Farms

Mailing Address: Hiwy 2 EAST

Kossuth MS 38834
City State Zip Code

Telephone No. (663) 665-1119

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. 30 Twn 25 Rng 1E

Distance Direction Nearest Town
Miles of

Well Data

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

Date well drilling started: 9-25-07

Date well drilling completed: 9-29-07

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

Static Water Level: 72 feet above or below (circle one) land surface Date measured: 10-1-07

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

Hole depth: 280 ft Well depth: 280 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 250 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: .013 inches Setting depth: From 250 feet to 280 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

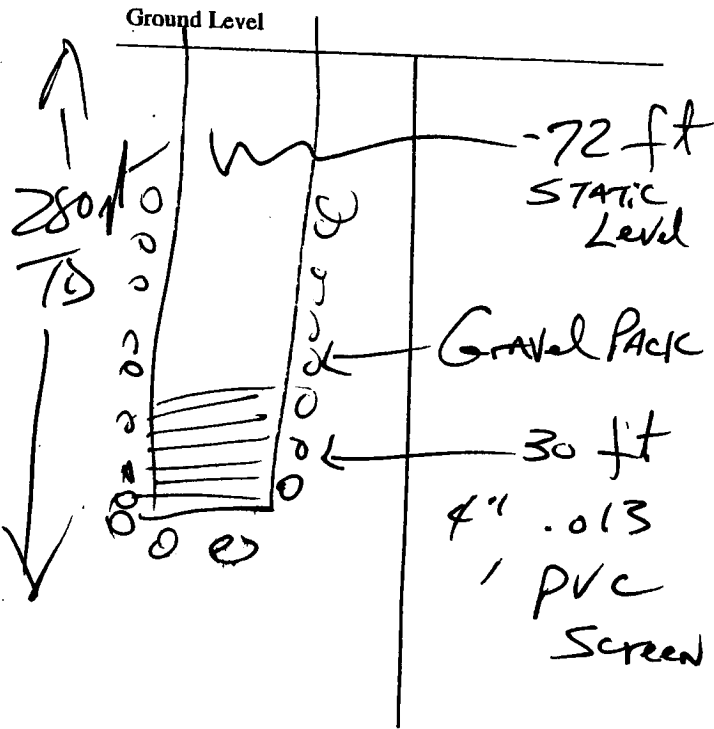
RECEIVED

OCT 24 2007

BY: OLWR

If well telescopes please sketch below and show depths.

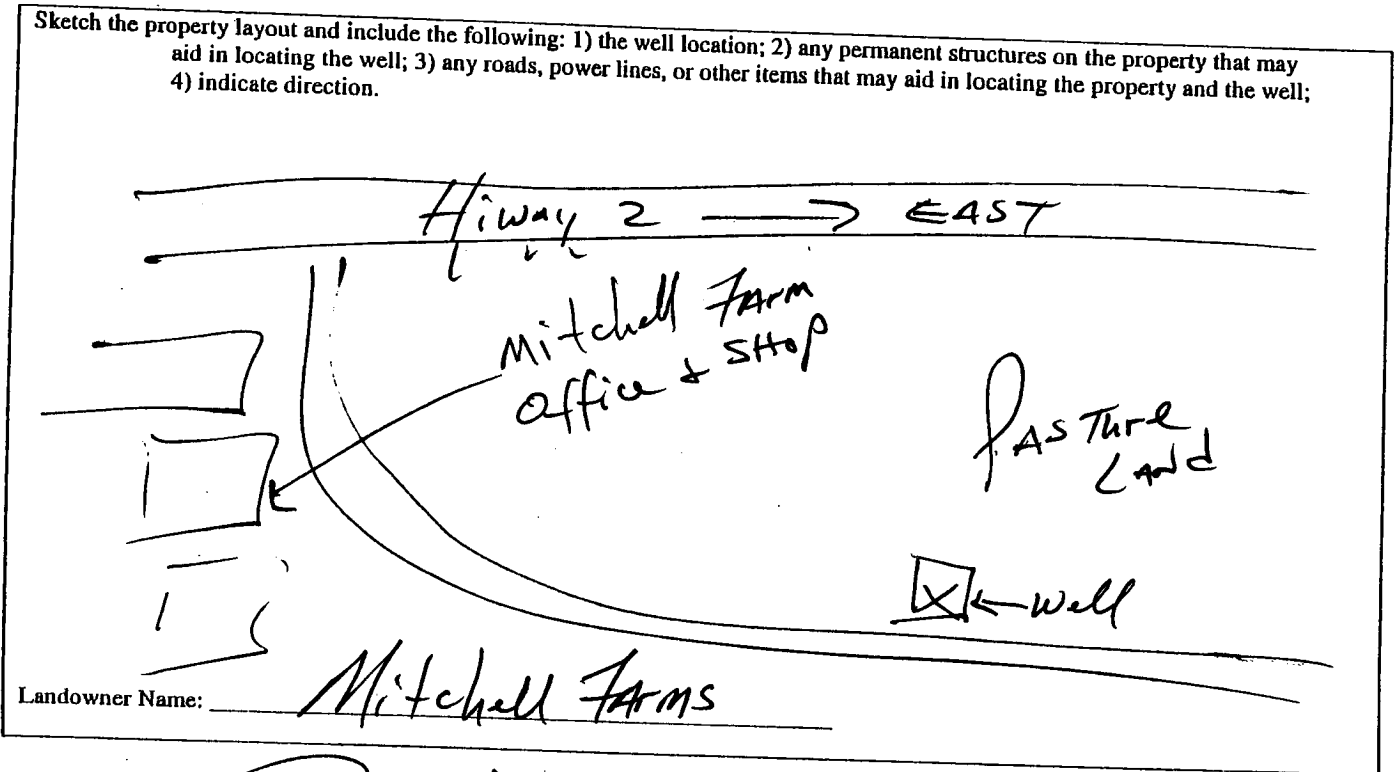
G-142



Description of Formations Encountered	From	To
Top Clay	0	20
Light Blue Clay	20	100
Chalk	100	230
230 Coffa Sand	230	280

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

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