

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 #: G144

L. S. Elevation: _____

E-log #: _____

County: Alcorn

Permit #: _____

Driller: Leeper Drilling

Date drilling completed: 10-16-12

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: Gary + Doug Mitchell Farm

Mailing Address: Hwy # 2

Kossuth MS 38834
City State Zip Code

Telephone No. (662) 284-5638

Well Location

Latitude: 34° 53' 09" Longitude: 88° 36' 07"

Method of Lat/Long (circle one): Hand-held GPS Conventional Survey, 05

USGS quad, Hand-held GPS, Survey-grade GPS

NW 1/4 NE 1/4 Sec 19 Twn 25 Rng 7E

Distance 3 Miles Direction NE of Nearest Town Kossuth

Well Data

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

Date well drilling started: 10-15-12 Date well drilling completed: 10-16-12 # 1

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 10-18-12

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

Hole depth: 200 ft Well depth: 200 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 180 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 180 feet to 200 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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BY OLIVIA

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: Alcorn
 Permit #: _____
 Driller: Leeper Drilling
 Date completed: 10-18-12

For Office Use Only:

Aquifer: _____
 Well #: G144
 Elevation: _____

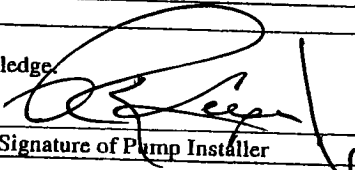
This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Gary + Doug Mitchell Farm</u> Mailing Address: <u>Hwy 2</u> <u>Kossuth MS 38834</u> <small>City / State Zip Code</small> Telephone No. <u>(662) 284-5638</u>	Latitude: <u>39.53.097</u> Longitude: <u>88.36.077</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>NW 1/4 NE 1/4 Sec 15 Twn 25 Rng 7E</u> Distance <u>3</u> Miles <u>NE</u> Direction <u>30</u> of <u>Kossuth</u> Nearest Town

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>10-18-12</u> Rated Pump Capacity: <u>20</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>1 1/2 HP</u> Setting Depth: <u>120</u> feet Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-18-12</u> Static Water Level (A): <u>60</u> Feet <u>Below</u> 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	<u>Air Line</u> Electric Measuring Line Steel Tape 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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