

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 #: D-102
L. S. Elevation: _____
E-log #: _____

County: Chickasaw 017
Permit #: _____
Driller: Keeper Drilling
Date drilling completed: Jan 05 1-10-05

Keeper 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>Randy Corley</u>	Latitude: _____ Longitude: _____
Mailing Address: _____ <u>222 CR 138</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Okolona MS 38860</u>	<u>1/4 1/4 Sec 6 Twn 12 S Rng 5 E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 256-7749</u>	<u>5 Miles NW of Okolona</u>
Well Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____	
Date well drilling started: <u>Jan 05 1-6-05</u> Date well drilling completed: <u>Jan 05 1-10-05</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>150</u> feet above or below (circle one) land surface Date measured: <u>Jan 05 1-13-05</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>Used Nylon Rope</u>	
Hole depth: <u>560</u> Well depth: <u>560</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement Bentonite <u>Mix</u>	
Casing length: <u>40</u> feet Casing diameter: <u>5</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.080</u> inches Setting depth: From <u>520</u> feet to <u>560</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed <u>Telescoped</u> Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>350</u> 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.	
<u>KEEPER Drilling 0079</u>	<u>[Signature]</u>
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

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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 #: D-102

Elevation: _____

County: Chickasaw
 Permit #: _____
 Driller: Leaper Drilling
 Date completed: Jan 05 1-13-05

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>Randy Corley</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>222 CR 138</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Okolona MS 38860</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>6</u> Twn <u>12S</u> Rng <u>5E</u>
Telephone No. <u>601-256-2749</u>	Distance Direction Nearest Town
	<u>5</u> Miles <u>NW</u> of <u>Okolona</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<input checked="" type="radio"/> Electric Motor 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</u>
Date Pump Installed: <u>Jan 05 1-13-05</u>	Setting Depth: <u>210</u> feet
Rated Pump Capacity: <u>8</u> Gallons Per Minute	Number of Stages: <u>18</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>Jan 05 1-13-05</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>150</u> Feet Below Land Surface	Other (specify): <u>Nylon Rope</u>
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
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Leaper Drilling 0079 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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