

# 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-103  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Chickasaw 07  
 Permit #: \_\_\_\_\_  
 Driller: Leeper Drilling  
 Date drilling completed: Jan 05

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>Randy Corley</u>	Latitude: _____ Longitude: _____
Mailing Address: _____	Method of Lat/Long (circle one): <input checked="" type="radio"/> Conventional Survey, _____
<u>OKolona MS</u> City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 Sec <u>6</u> Twn <u>12 S</u> Rng <u>5 E</u>
Telephone No. (____) _____	Distance Direction Nearest Town <u>5</u> Miles <u>NW</u> of <u>OKOLONA</u>

**Well Data**

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

Date well drilling started: Jan 05 Date well drilling completed: Jan 05

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

Static Water Level: 150 feet above or  below (circle one) land surface Date measured: Jan 05

Method of Measurement (circle one)  steel tape  electric tape  air line other: Used Nylon Rope

Hole depth: 560 Well depth: 560 Well grouted to a depth of 10 feet

Type of grout (circle one):  Cement  Bentonite  Mix

Casing length: 40 feet Casing diameter: 5" inches Type of casing: PVC

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

Screen slot size: .080 inches Setting depth: From 520 feet to 560 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: 350 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.

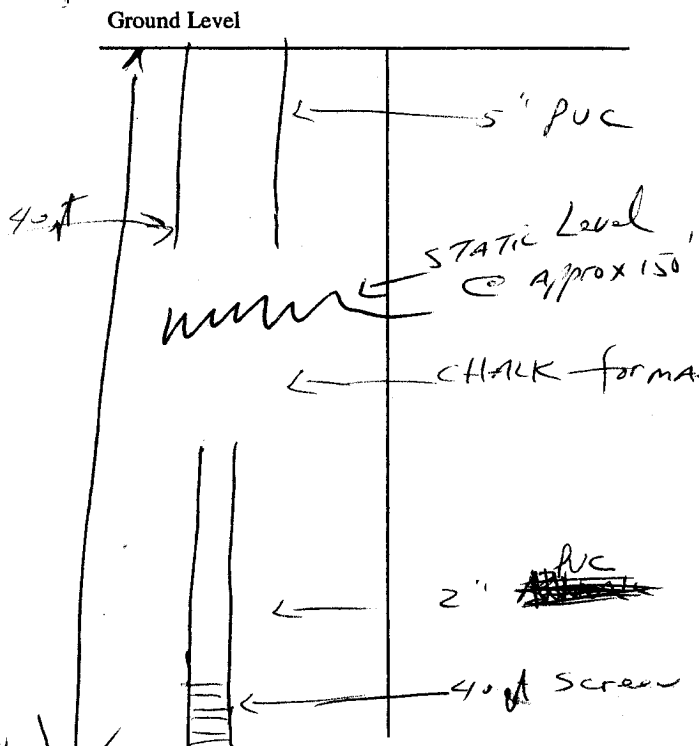
LEEPER Drilling 0079  
 Print Name of Water Well Contractor and License No.

[Signature]  
 Signature of Water Well Contractor

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 BY: OLWR

D103

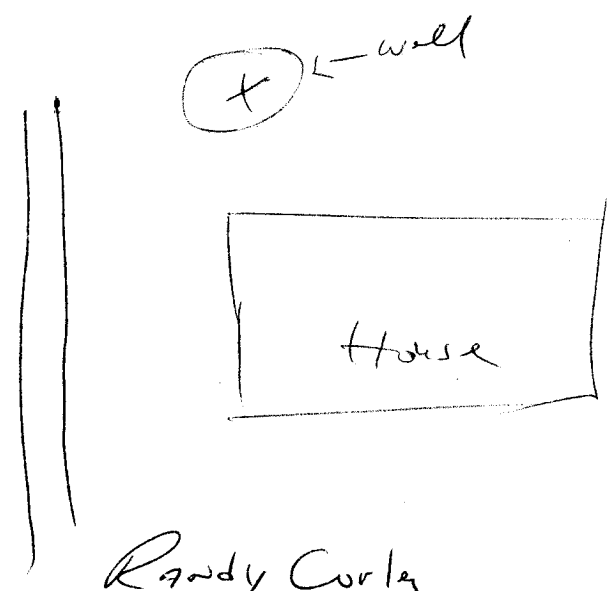
If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
TOP CLAY	0	10
CHALK	10	400
SILTY CLAY	400	510
SAND	510	560

560  
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.



Landowner Name: Randy Corley

\_\_\_\_\_  
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 #: D103  
 Elevation: \_\_\_\_\_

County: Clackson  
 Permit #: \_\_\_\_\_  
 Driller: Leaper Drilling  
 Date completed: Jan 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>Okolona MS</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>6</u> Twn <u>12S</u> Rng <u>5E</u>
Telephone No. (____) _____	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 <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</u>
Date Pump Installed: <u>Jan 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</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 _____ 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.

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

[Signature]  
 Signature of Pump Installer

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