/ .	Q			
Country Chick as a	State Well Report			
county: 2 VICKASAW	Part 1	For Office Use Only:		
County: Chickasaw Permit #:	Mississippi Department of Environmental Quality	Aquifer:		
Driller: Leager Drilling	Office of Land and Water Resources P.O. Box 10631	Well #: D105		
	Jackson, MS 39289-0631			
Date drilling completed: 8-31-12	(601)961-5210	L. S. Elevation:		
	(601)354-6938 (fax)	E-log #:		
State Law requires that this repo	ort be prepared by the driller in detail and filed of the well.			
Well Owner Informa	of the well.	with the Department within		
Owner V.	l W	ell Location		
Owner Name Dale Anderson	Latinda 24 a 01 58	6 "Longitude: 8 - 47. 284		
Mailing Address: 132 Country	1/10/1	Longitude: 80 ° 77 · 🔾 7		
	Method of Lat/Long (circle	one): Conventional Survey.		
0. 1	TIOOO	d GPS, Survey-grade GPS		
OKOloNA MS City State	38860 500 000	d Gr S, Survey-grade GPS		
City State	Zip Code Zip Code	Twn 125 Rng 5E		
Telephone No. (662) 447- 230	Distance Direction	Nearest Town of OKolow4		
	willes _vo w	of OKoloNA		
D	Well Data			
Purpose of Well (circle one) Home Indus	strial Public Supply Irrigation Fish Culture			
Date well drilling started: 8/27//2	Date well drilling completed: 8-3	Other:		
160	Date well drilling completed: 8-3	1-12.		
If flowing, method of flow regulation: Valve	Other (describe)			
Static Water Level: 31 feet above	ue orbital			
Method of M	ve or below (circle one) land surface Date measured:	9-1-12		
stee	I tape electric tape air line	Later Marie		
Method of Measurement (circle one) steel tape electric tape air line other: Hole depth: 565 Well depth: 565 Well grouted to a depth of 6 feet Type of grout (circle one): Cement Provided to a depth of 6 feet				
Type of grout (circle one): Cement Bentonite Wix				
coment	Bentonite (Mix)			
Casing length: 40 feet Casing diameter: 4 1/2 inches Type of casing:				
Screen length:feet Screen diameter:				
0	diameter:inches Type of screen:			
Screen slot size:inches	Setting depth: Fromfeet to	fact		
Type of completion (circle all applicable): G				
		Natural Development		
	Other (describe):			
Top of lap pipe or reduction in casing:	feet. If telescoped or more than one scree			
ogs run (circle all annlicable). No log	Classic C	en, describe on back of page		
Vome of a series of the series	Electric Gamma Ray Density Sonic Neutron C	Other:		
valid of organization minning log(e).		.3		
Department of Environment 2	d, and completed in accordance with all applicable re	equirements of the Mississippi		
Quanty and	ine Mississippi Department of Health regulations a	nd state laws.		
Leeper Drilling #	0079			
	104	Lees \		
Print Name of Water Well Contractor and Lice	The state of the s	Vater Well Contractor		
		D		

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BY: OLWR

If well telescopes please sketch below and show depths.

Ground	Level				
Λ	Descrip	tion of Formations Encountered From	То		
1.	PVC CASING	JOP Clay	5		
	Puc Casino	CHALK	a		
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70	open hole	ELTAW SOU			
1) (Sper Note	500	267		
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	= -231(1.				
	1 - 23 (1)				
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	°				
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Ye .					
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.

Will Structures on the property that may aid in locating the property and the well; Will Structures on the property that may aid in locating the property and the well; Will Structures on the property that may aid in locating the property and the well; Will Structures on the property that may aid in locating the property and the well; Will Structures on the property that may aid in locating the property and the well; Will Structures on the property that may aid in locating the property and the well; Will Structures on the property that may aid in locating the property and the well; Will Structures on the property that may aid in locating the property and the well; Will Structures on the property that may aid in locating the property and the well; Will Structures on the property and the well; Will

Signature of Water Well Contractor

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BY: OLME

STATE	WELL REPORT		
Permit #: Permit #: Office of La	Part 2 Iler's Completion Report truent of Environmental Quality and and Water Resources O. Box 10631 For Office Use Only: Aquifer:		
Date completed: 5-/-/2 Jackso (60)	on, MS 39289-0631 601)961-5210 Well #: D 105		
This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the			
Owner Name: DAIR ANdersoil	Well Location		
Mailing Address: 132 Country Club Ros J	Latitude: 34 01.586 Longitude: 1088 47. 284 Method of Lat/Long (circle one): Conventional Survey,		
City State Zip Code	USGS quad, (Hand-held GPS) Survey-grade GPS		
• •	14 Sec 21 Twn J25 Rng 5 2		
Telephone No. (6/2) 447-2309	Distance Direction Nearest Town 3 Miles NW of OKolu~4		
Ришр Туре			
Circle one	Power Type Circle one		
Air Lift Jet Submersible	Diesel Engine		
Bucket Piston Turbine	Blestric Motor) Hand Treater PTO		
Centrifugal Rotary Flowing Well	Tractor PTO		
Other (specify):	Windmill Other (specify):		
Date Pump Installed: 9-1-12	Horse Power Rating of Motor:		
Rated Pump Capacity:Gallons Per Minute	Setting Depth: 294 feet Number of Stages: 15		
Pump Test Data			
Date Well Tested:	Method of Measuring Water Level Circle one		
Static Water Level (A): 231 Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape		
Pumping Water Level (B):Peet Below Land Surface	Other (specify):		
Drawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet		
Test Pumping Rate:Gallons Per Minute	Well yieldedGPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping		
	nous of pumping		
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer			
and Lacense No. (II applicable)	Signature of Pump Installer		
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