

County: Chickasaw  
 Permit #: \_\_\_\_\_  
 Driller: Leeper Drilling  
 Date drilling completed: 8-31-12

# 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 #: D105  
 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                        | Well Location  |
|---|--|
| Owner Name: <u>Dale Anderson</u>              | Latitude: <u>34° 01' 58.6"</u> Longitude: <u>88° 49' 28.4"</u>         |
| Mailing Address: <u>132 Country Club Road</u> | Method of Lat/Long (circle one): <u>Hand-held GPS</u>                  |
| <u>Okolona MS 38860</u>                       | USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS                     |
| City: _____ State: _____ Zip Code: _____      | <u>SW</u> 1/4 <u>NW</u> 1/4 Sec <u>21</u> Twn <u>12S</u> Rng <u>5E</u> |
| Telephone No. <u>(662) 447-2309</u>           | Distance _____ Miles Direction <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: 8/27/12 Date well drilling completed: 8-31-12

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

Static Water Level: 231 feet above or below (circle one) land surface Date measured: 9-1-12

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

Hole depth: 565 ft Well depth: 565 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 40 feet Casing diameter: 4 1/2" inches Type of casing: PVC

Screen length: \_\_\_\_\_ feet Screen diameter: \_\_\_\_\_ inches Type of screen: \_\_\_\_\_

Screen slot size: \_\_\_\_\_ inches Setting depth: From \_\_\_\_\_ feet to \_\_\_\_\_ 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: OLWR



# 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: Chickasaw  
Permit #:  
Driller: Leeper Drilling  
Date completed: 9-1-12

For Office Use Only:  
Aquifer:  
Well #: D105  
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>DALE ANDERSON</u>              | Latitude: <u>34° 01.586</u> Longitude: <u>108° 47.284</u> |
| Mailing Address: <u>132 Country Club Road</u> | Method of Lat/Long (circle one): Conventional Survey,     |
| <u>Okolona MS 38860</u>                       | USGS quad, ( <u>Hand-held GPS</u> ) Survey-grade GPS      |
| City State Zip Code                           | <u>1/4 1/4 Sec 21 Twn 12S Rng 5E</u>                      |
| Telephone No. <u>(662) 447-2309</u>           | Distance Direction Nearest Town                           |
|   | <u>3 Miles NW of Okolona</u>                              |

| Pump Type<br>Circle one                          | Power Type<br>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>3/4</u>   |
| Date Pump Installed: <u>9-1-12</u>               | Setting Depth: <u>294</u> feet            |
| Rated Pump Capacity: <u>7</u> Gallons Per Minute | Number of Stages: <u>15</u>               |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one      |
|--|--|
| Date Well Tested: <u>9-1-12</u>                            | <u>Air Line</u> Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>231</u> Feet Below Land Surface | Other (specify):                                   |
| 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.  
Leeper Drilling #0079  
Print Name of Pump Installer and License No. (if applicable) [Signature]  
Signature of Pump Installer

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SEP 11 2012  
BY: OLWF