

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 #: M-111
L. S. Elevation: _____
E-log #: _____

County: Chickasaw
Permit #: _____
Driller: Leeper Drilling
Date drilling completed: 10-16-07

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: NORMAN Litwiller
Mailing Address: 24 CR 248
Houston MS 38857
City State Zip Code
Telephone No. (662) 542-9413

Well Location

Latitude: _____ Longitude: _____
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
_____ 1/4 _____ 1/4 Sec 20 Twn 14S Rng 5E
Distance 11 Miles Direction South of Nearest Town OKOLONA

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 10-8-07 Date well drilling completed: 10-16-07
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 130 feet above or below (circle one) land surface Date measured: 10-17-07
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 560 Well depth: 560 ft Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 460 feet Casing diameter: 4" inches Type of casing: PVC
Screen length: 100 feet Screen diameter: 4" inches Type of screen: PVC
Screen slot size: .013 inches Setting depth: From 460 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: _____ 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

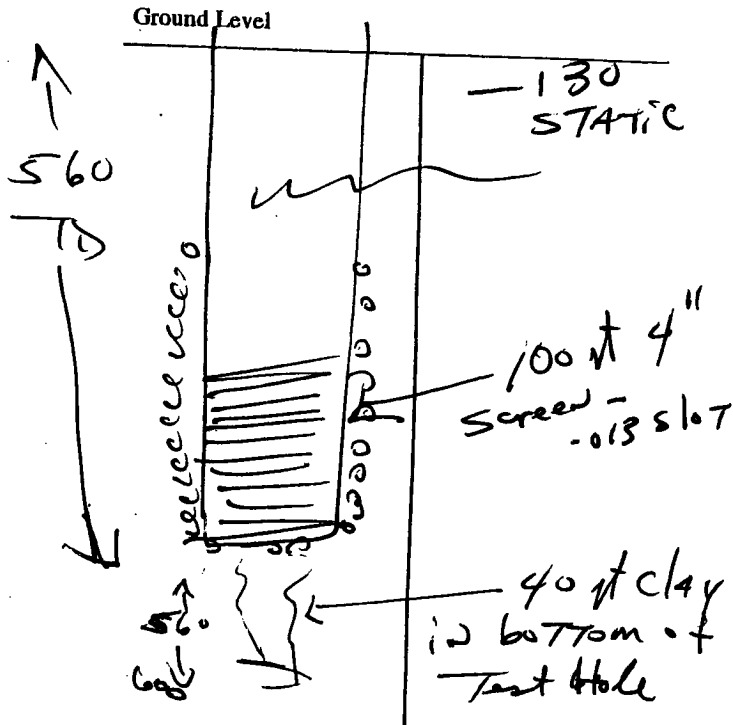
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M-111

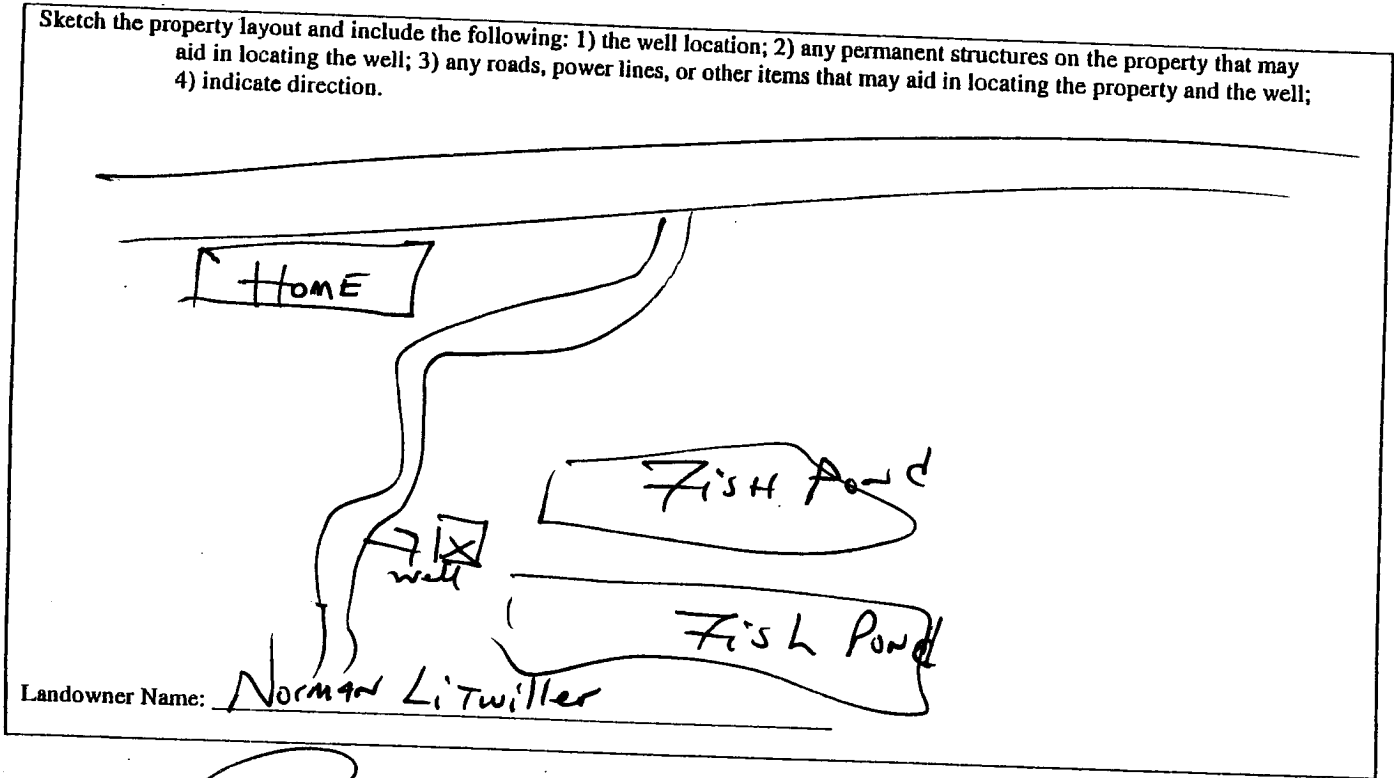
If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
Top Gumbo	0	5
CHALK or Limestone	5	200
Coffee Sand and Soft clay	200	225
CHALK	225	400
Silty Sand	400	460
ELUVA SAND	460	560
Clay	560	600

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.



[Signature]
 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)

County: Chickasaw
Permit #: _____
Driller: Leeper Drilling
Date completed: 10-17-07

For Office Use Only:
Aquifer: _____
Well #: M-111
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>Norman Litwiller</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>24 cr 248</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Houston MS 38851</u> City / State Zip Code	_____ 1/4 _____ 1/4 Sec. <u>20</u> Twn <u>14S</u> Rng <u>SE</u>
Telephone No. <u>(663) 542-9413</u>	Distance _____ Direction _____ Nearest Town _____ <u>11 Miles South of OKOLONA</u>

Pump Type Circle one	Power Type Circle one		
Air Lift Bucket Centrifugal Other (specify): _____ Date Pump Installed: <u>10-17-07</u> Rated Pump Capacity: <u>90</u> Gallons Per Minute	Jet Piston Rotary Flowing Well	Diesel Engine Electric Motor Windmill Horse Power Rating of Motor: <u>7 1/2 HP, 3φ</u> Setting Depth: <u>231</u> feet Number of Stages: <u>19</u>	Gasoline Engine Hand Other (specify): _____ Natural Gas Tractor PTO

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-17-07</u>	Air Line Electric Measuring Line Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Static Water Level (A): <u>130</u> Feet <u>Below</u> Land Surface	Steel Tape
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	

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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