

County: Chickasaw  
 Permit #: \_\_\_\_\_  
 Driller: Leaper Drilling  
 Date drilling completed: 2/15/08

# 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-112  
 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>ERRYL KOALWS</u>           | Latitude: _____ Longitude: _____   |
| Mailing Address: <u>20388 Co. Line Rd</u> | Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS |
| <u>OKolona MS 38860</u>                   | <u>1/4 1/4 Sec 24 Twn 14 S Rng 5 E</u>   |
| City: _____ State: _____ Zip Code: _____  | Distance: _____ Direction: _____ Nearest Town: _____   |
| Telephone No. <u>663 369-4196</u>         | <u>10 Miles South of Okolona</u>   |

**Well Data**

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

Date well drilling started: 2-12-08 Date well drilling completed: 2-15-08

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

Static Water Level: 155 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Hole depth: 600 ft Well depth: 500 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 420 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 80 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .013 inches Setting depth: From 420 feet to 500 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.

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

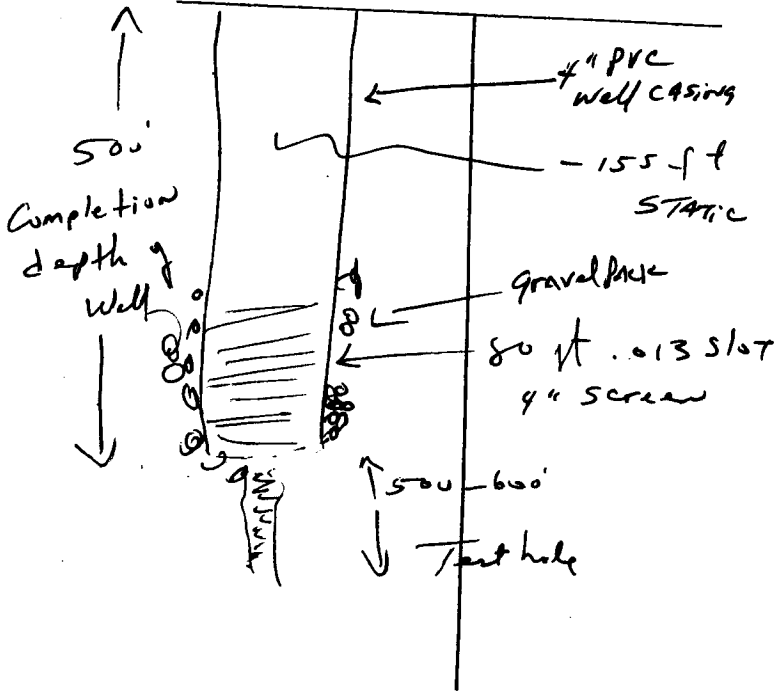
[Signature]  
 Signature of Water Well Contractor

RECEIVED  
 MAR 10 2008  
 BY OLWR

M-112

If well telescopes please sketch below and show depths.

Ground Level



| Description of Formations Encountered | From | To  |
|---------------------------------------|------|-----|
| Top Gumbo                             | 0    | 10  |
| CHALK                                 | 10   | 350 |
| Silty sand                            | 350  | 420 |
| ENTAN                                 | 420  | 500 |
| Test hole to 600                      |      | 600 |
| Silt + clay 500 - 600                 |      | 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.



Landowner Name: Errol Koebe

*[Handwritten Signature]*  
Signature of Water Well Contractor

RECEIVED  
MAR 10 2008  
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: 2-16-08

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: M-112  
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>Ereol Kuehn</u>          | Latitude: _____ Longitude: _____   |
| Mailing Address: <u>2038 Co-Line Rd</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Okolona MS 38860</u>                 | _____ 1/4 _____ 1/4 Sec <u>24</u> Twn <u>14S</u> Rng <u>5E</u>                                   |
| City State Zip Code                     | Distance Direction Nearest Town  |
| Telephone No. <u>(662) 369-4196</u>     | <u>10</u> Miles <u>S</u> of <u>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>5 HP</u>  |
| Date Pump Installed: <u>2-16-08</u>               | Setting Depth: <u>210</u> feet            |
| Rated Pump Capacity: <u>60</u> Gallons Per Minute | Number of Stages: <u>14</u>               |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one                                     |
|--|---|
| Date Well Tested: <u>2-16-08</u>                                   | Air Line Electric Measuring Line <u>Steel Tape</u>                                |
| Static Water Level (A): <u>-1.5</u> Feet <u>Below Land Surface</u> | 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 _____ 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.

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

[Signature]  
Signature of Pump Installer

RECEIVED  
MAR 10 2008  
BY: OLWR