

# STATE WELL REPORT

## Part 1

### Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225-2309  
(601)961-5210  
(601)360-0535 (fax)

#### For Office Use Only:

Well #: G-100  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: LEE  
Permit #: \_\_\_\_\_  
Driller: Leeper Drilling  
Date drilling completed: ~~\_\_\_\_\_~~  
4-4-14

*State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.*

<p style="text-align: center;"><b>Well Owner Information</b> (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Native Soil Produce</u> <u>c/o Will Reed</u></p> <p>Mailing Address: <u>MT. VERNON ROAD</u> <u>Tupelo, MS 38801</u></p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Telephone No. <u>(662) 678-3497</u></p>	<p style="text-align: center;"><b>Well or Borehole Location</b></p> <p>Latitude: <u>34° 18' 43.2"</u> Longitude: <u>88° 44' 24"</u></p> <p>Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____</p> <p>USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____</p> <p><u>SE</u> ¼ <u>SE</u> ¼, Sec. <u>311</u> T. <u>9S</u> R. <u>5E</u></p> <p><u>5</u> Miles <u>NW</u> of <u>Tupelo</u></p> <p>(Distance) (Direction) (Nearest Town)</p>
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**Well / Borehole Data**

Date drilling started: 3-21-14 Date drilling completed: 4-14-14 Hole depth: 500 Hole diameter: 4 1/2"

Location of the source of any surface water used for drilling: USED WATER FROM NORTH LEE SYSTEM

Method of dosing and volume of Chlorine used in drilling and development: 25 ppm

Logs run (circle all applicable): No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (circle one):  Water Well  Geotechnical/Geological Investigation  Ground Source Heat Pump  
 Seismic Survey  Other (describe) \_\_\_\_\_

*If drilling is not related to water well construction, skip the remainder of this block*

Purpose of Well (circle all applicable): Home  Industrial  Public Supply   Irrigation  Fish Culture

Other (describe): TRUCK FARMER

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

Static Water Level: 160 feet [above or  below] (circle one) and surface Date measured: 4-7-14

Method of measurement (circle one):  Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

Well depth: 500 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement  Bentonite   Mix

Casing length: 360 feet Casing diameter: 4 1/2 inches Type of casing: PVC

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

Screen slot size: .010 inches Setting depth: From 460 feet to 500 feet

Type of completion (circle all applicable): Gravel packed  Underreamed  Open hole  Natural Development

Other (describe): Telescope 4 1/2" x 2"

Top of lap pipe or reduction in casing: 350 feet

*If telescoped or more than one screen, describe on next page*

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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)

### For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: G-100  
Elevation: \_\_\_\_\_

County: LEE  
Permit #: \_\_\_\_\_  
Driller: Leeper Drilling  
Date completed: 4-7-14

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>NATIVE SON Produce</u> <u>c/o Will Reed</u>		Latitude: <u>34° 18' 43.20"</u>	Longitude: <u>88° 44' 24"</u>
Mailing Address: _____ <u>MT. Vernon Rd</u> <u>Tupelo MS 38801</u> City <u>1</u> State _____ Zip Code _____		Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS	
Telephone No. <u>(662) 678-3497</u>		USGS quad, <u>SE 1/4 SE 1/4 Sec 8</u> Twn <u>9S</u> Rng <u>5E</u>	
		Distance _____ Direction <u>11</u> Nearest Town _____	
		<u>5</u> Miles <u>NW</u> of <u>Tupelo</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>5 HP</u>		
Date Pump Installed: <u>4-7-14</u>			Setting Depth: <u>231</u> feet		
Rated Pump Capacity: <u>35</u> Gallons Per Minute			Number of Stages: <u>21</u>		

Pump Test Data		Method of Measuring Water Level Circle one		
Date Well Tested: <u>4-7-14</u>		Air Line	Electric Measuring Line	<u>Steel Tape</u>
Static Water Level (A): <u>160</u> Feet <u>Below</u> 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 _____ 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 of Pump Installer [Signature]

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