

County: PONTIAC  
 Permit #: \_\_\_\_\_  
 Driller: Leeper Drilling  
 Date drilling completed: 4-29-11

# 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: B162  
 Well #: \_\_\_\_\_  
 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>Jerry Stokes</u>	Latitude: <u>34 18 05</u>	Longitude: <u>89 03 01</u>	
Mailing Address: <u>219 Kitchens Lane</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> , Conventional Survey, USGS quad, Survey-grade GPS		
<u>Pontiac MS 38863</u>	SW <u>1/4</u> SW <u>1/4</u> Sec <u>13</u> Twn <u>9 S</u> Rng <u>2 E</u>		
City: _____ State: _____ Zip Code: _____	Distance: <u>9</u> Miles	Direction: <u>N</u>	Nearest Town: <u>PONTIAC</u>
Telephone No. <u>662 297-6947</u>			

**Well Data**

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

Date well drilling started: 4-27-11 Date well drilling completed: 4-29-11

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

Static Water Level: 70 feet above or below (circle one) land surface Date measured: 4-30-11

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

Hole depth: 170 ft Well depth: 170 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 140 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: .013 inches Setting depth: From 140 feet to 170 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



# 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 #: \_\_\_\_\_  
Elevation: \_\_\_\_\_

County: Pontotoc  
Permit #: \_\_\_\_\_  
Driller: Leeper Drilling  
Date completed: 4-30-11

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>Jerry Stokes</u>	Latitude: <u>34.303N</u> Longitude: <u>89.043W</u>
Mailing Address: <u>219 Kilchens Lane</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> , Survey-grade GPS
<u>Pontotoc MS 38863</u>	USGS quad, _____
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>13</u> Twn <u>9S</u> Rng <u>2E</u>
Telephone No. <u>(662) 297-6947</u>	Distance _____ Direction _____ Nearest Town _____
	<u>4</u> Miles <u>N</u> of <u>Pontotoc</u>

Pump Type Circle one	Power Type Circle one
Air Lift _____	Diesel Engine _____
Bucket _____	Gasoline Engine _____
Centrifugal _____	Electric Motor <u>Electric Motor</u>
Other (specify): _____	Windmill _____
Date Pump Installed: <u>4-30-11</u>	Horse Power Rating of Motor: <u>3/4 HP</u>
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Setting Depth: <u>140</u> feet
	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-30-11</u>	Air Line _____
Static Water Level (A): <u>70</u> Feet <u>Below</u> Land Surface	Electric Measuring Line _____
Pumping Water Level (B): _____ Feet Below Land Surface	Other (specify): <u>Steel Tape</u>
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: _____ Gallons Per Minute	Well yielded _____ GPM with a drawdown of _____ 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