	State Well Dement					
County: PONTOTOC	State Well Report Part 1	For Office Use Only:				
	Aississippi Department of Environmental Q	uality Aquifer:				
Driller: LEEPER Drilling	Office of Land and Water Resources P.O. Box 10631	Well #: <u>E-22</u>				
	Jackson, MS 39289-0631	L. S. Elevation:				
Date drilling completed: Sept 'oc	(601)961-5210 (601)354-6938 (fax)					
Looper Bulling, 2 d		E-log #:				
State Law requires that this report	t be prepared by the driller in detail and	filed with the Department within				
30 days of completion of drilling of Well Owner Information		Well Location				
Owner Name HERMAN Gingerich Latitude:		_''' Longitude:'°'"				
	1 1	Method of Lat/Long (circle one): Conventional Survey,				
Mailing Address: Hiway 9 50 Randloph	M S					
- ICANAISPA ,	and-held GPS, Survey-grade GPS					
City State	¹ / ₄ ¹ / ₄ Se	$x_27 \text{ Twn} / 0 \text{ S Rng} (2)$				
Telephone No. ()		of Nearest Town of Nearest Town				
Well Data /						
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:						
Date well drilling started: $5 - pt 0.4$ Date well drilling completed: $5 - pt 0.4$						
If flowing, method of flow regulation: Valve Other (describe)						
If flowing, method of flow regulation: Valve Other (describe) Static Water Level: 242feet above or below/circle one) land surface Date measured: Da						
Method of Measurement (circle one) steel tape electric tape air line other:						
Method of Measurement (circle one) steel tape electric tape air line other:						
Type of grout (circle one): Cement Bentonite (Mix) BY: OLWB						
Casing length: <u>422</u> feet Casing diameter: <u>4"</u> inches Type of casing: <u>5ch 80 PUC</u>						
Screen length: <u>So</u> feet Screen diameter: <u>Z</u> inches Type of screen: <u>Slottoc</u>						
Screen slot size: <u>008</u> inches Setting depth: From <u>630</u> feet to <u>640</u> 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:	60 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 Urilling CO79 Reven,						
Print Name of Water Well Contractor and Lic	ense No. Sign	ature of Water Well Contractor				

F-22 If well telescopes please sketch below and show depths. Ground Level **Description of Formations Encountered** From То 4(4" Sch 80 \mathbf{C} 20 \mathcal{O} 1 4 20 68 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. Give Amis H SA 9 ٩x Karlo RECEIVED PON7575 C OCT 0 7 2004 BY: OLWR C Landowner Name: Signature of Water Well Contractor

·	STATE WI	ELL REPORT				
County: <u>FONTOTOC</u> Permit #: Driller: <u>LEEPER</u> Drilling Date completed: <u>Szpt 04</u>	Pump Installer' Mississippi Departmer Office of Land P.O. J Jackson, N (601) (601)35	Part 2 s Completion Report at of Environmental Quality and Water Resources Box 10631 AS 39289-0631 1961-5210 4-6938 (fax)	For Office Use Only: Aquifer: Well #:			
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 Informat	Well Location					
Owner Name: HerMAN 6	Latitude:Longitude:					
Mailing Address: HiwAy	Method of Lat/Long (circle one): Conventional Survey,					
		USGS quad, Hand-held GPS, Survey-grade GPS				
City State Zip Code		<u></u>				
				7		
Pump Type Circle one	· · · · · · · · · · · · · · · · · · ·		wer Type fircle one			
Air Lift Jet	Submersible	Diesel Engine Gasoli	ne Engine	Natural Gas		
Backet Piston	Turbine	Electric Motor Hand		Tractor PTO		
Centrifugal Rotary	Flowing Well	Windmill Other	(specify):			
Other (specify):	Horse Power Rating of Motor: 4 H					
Date Pump Installed: Sept	04	Setting Depth: 2	94			
Rated Pump Capacity:3	Gallons Per Minute	Number of Stages:		OCT 0 7 2004		
			E	Y: OLWR		
Pump Test Data Date Well Tested:		Method of Measuring Water Level Circle one				
Static Water Level (A): <u>292</u> Feet	Air Line Electric Mea	suring Line (Steel Tape			
Pumping Water Level (B): Feet 1	Other (specify):	·····				
Drawdown [(B) - (A)]:Feet	For flowing well, measured sh	ut in head:	feet			
Test Pumping Rate:	Well yieldedGPM with a drawdown of					
Duration of Pump Test (minimum 4 hours):	feet afterhours of pumping					
			\sim			
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.						
Print Name of Pump Installer and License N	lo. (if applicable)	Signature of Pump in	staller			
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