

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 #: E-22
L. S. Elevation: _____
E-log #: _____

County: PONTOTOC

Permit #: 00-79 115

Driller: LEEPER Drilling

Date drilling completed: SEPT 04

LEEPER Drilling, LLC

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: HERMAN Gingerich

Mailing Address: Hiway 9 South

Randolph, MS

City State Zip Code

Telephone No. () NONE

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 27 Twn 10 S Rng 1 E

Distance Direction Nearest Town
4 Miles NW of Randolph

Well Data

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

Date well drilling started: Sept 04 Date well drilling completed: Sept 04

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

Static Water Level: 242 feet above or below (circle one) land surface Date measured: Sept 04

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

Hole depth: 680 ft Well depth: 680 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 422 feet Casing diameter: 4" inches Type of casing: Sch 80 PVC

Screen length: 50 feet Screen diameter: 2" inches Type of screen: Slotted PVC

Screen slot size: .008 inches Setting depth: From 630 feet to 680 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: 400 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 of Water Well Contractor

RECEIVED
OCT 07 2004
BY: OLWR

