

# 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-23  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Pontotoc  
Permit #: \_\_\_\_\_  
Driller: Leeper Drilling LLC  
Date drilling completed: 2/18/05

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>Herman Zoik</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1005 Topsy Rd</u> <u>Randolph, MS 38864</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>36</u> Twn <u>10S</u> Rng <u>1E</u>
Telephone No. (____) <u>NONE</u>	Distance _____ Miles Direction <u>S</u> of Nearest Town <u>Randolph</u>

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: Feb 17, 2005 Date well drilling completed: Feb 11, 2005  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 282 feet above or below (circle one) land surface Date measured: 2/14/05  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 660 Well depth: 660 Well grouted to a depth of 10 feet  
Type of grout (circle one): Cement Bentonite Mix  
Casing length: 425 feet Casing diameter: 4 inches Type of casing: PVC  
Screen length: 40 feet Screen diameter: 3/4 inches Type of screen: PVC  
Screen slot size: .010 inches Setting depth: From 620 feet to 660 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: 420 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

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MAR 03 2005

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: \_\_\_\_\_  
 Permit #: \_\_\_\_\_  
 Driller: \_\_\_\_\_  
 Date completed: \_\_\_\_\_

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: E-23  
 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>Herman Zook</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1005 Topsy Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Randolph MS 3864</u>	_____ 1/4 _____ 1/4 Sec <u>36</u> Twn <u>10S</u> Rng <u>1E</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. (____) <u>NONE</u>	<u>1 1/2</u> Miles <u>S</u> of <u>Randolph</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet      Submersible	Diesel Engine <u>Gasoline Engine</u> Natural Gas
Bucket      Piston      Turbine	Electric Motor      Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): <u>Dempster Rod Pump</u>	Horse Power Rating of Motor: <u>5 HP Hand A</u>
Date Pump Installed: <u>2/23/05</u>	Setting Depth: <u>315</u> feet
Rated Pump Capacity: <u>4</u> Gallons Per Minute	Number of Stages: <u>2 1/4" Brass Cylinder</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2/23/05</u>	Air Line      Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>282</u> Feet <input checked="" type="checkbox"/> Below 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.

Leaper Drilling # 0079      \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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 MAR 03 2005  
 BY: OLWR