

County: Pontotoc
 Permit #: _____
 Driller: Leeper Drilling
 Date drilling completed: ~~9-24-12~~
10-9-12

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 25
 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>HERMAN ZOOK</u>	Latitude: <u>34.10.33</u> Longitude: <u>89.09.38</u>
Mailing Address: <u>1005 Topsy Road</u>	Method of Lat/Long (circle one): <u>18</u> Conventional Survey, <u>22</u>
<u>Randolph, MS 38864</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City, State, Zip Code	<u>SW 1/4 NW 1/4 Sec 35 36 Twn 10 S Rng 1 E</u>
Telephone No. () <u>NONE</u>	Distance _____ Miles Direction <u>SW</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: ~~9-24-12~~ 9-25-12 Date well drilling completed: ~~9-24-12~~ 10-9-12

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

Static Water Level: 280 feet above or below (circle one) land surface Date measured: ~~10-10-12~~ 9-29-12

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

Hole depth: 675 ft Well depth: 675 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 470 feet Casing diameter: 4" 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 635 feet to 675 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): _____

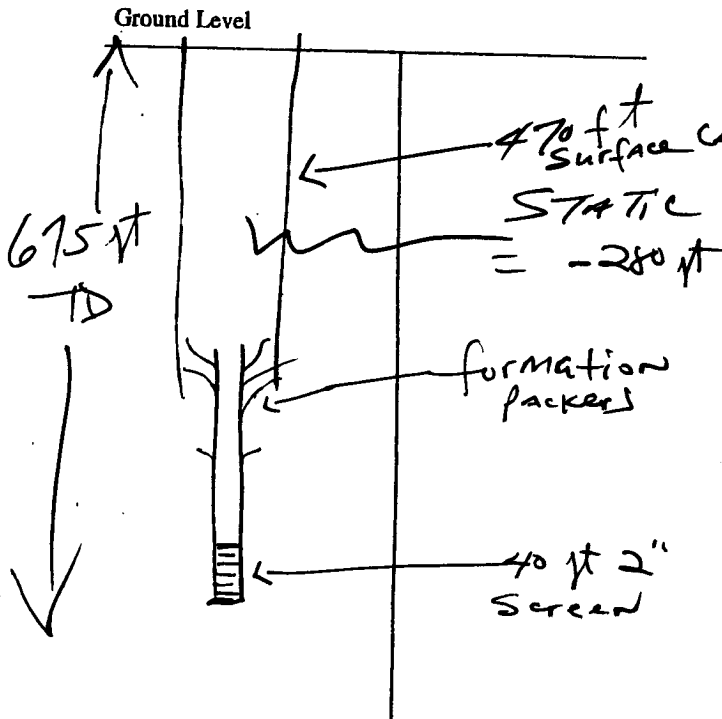
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Leeper Drilling #0079
 Print Name of Water Well Contractor and License No.

[Signature]
 Signature of Water Well Contractor

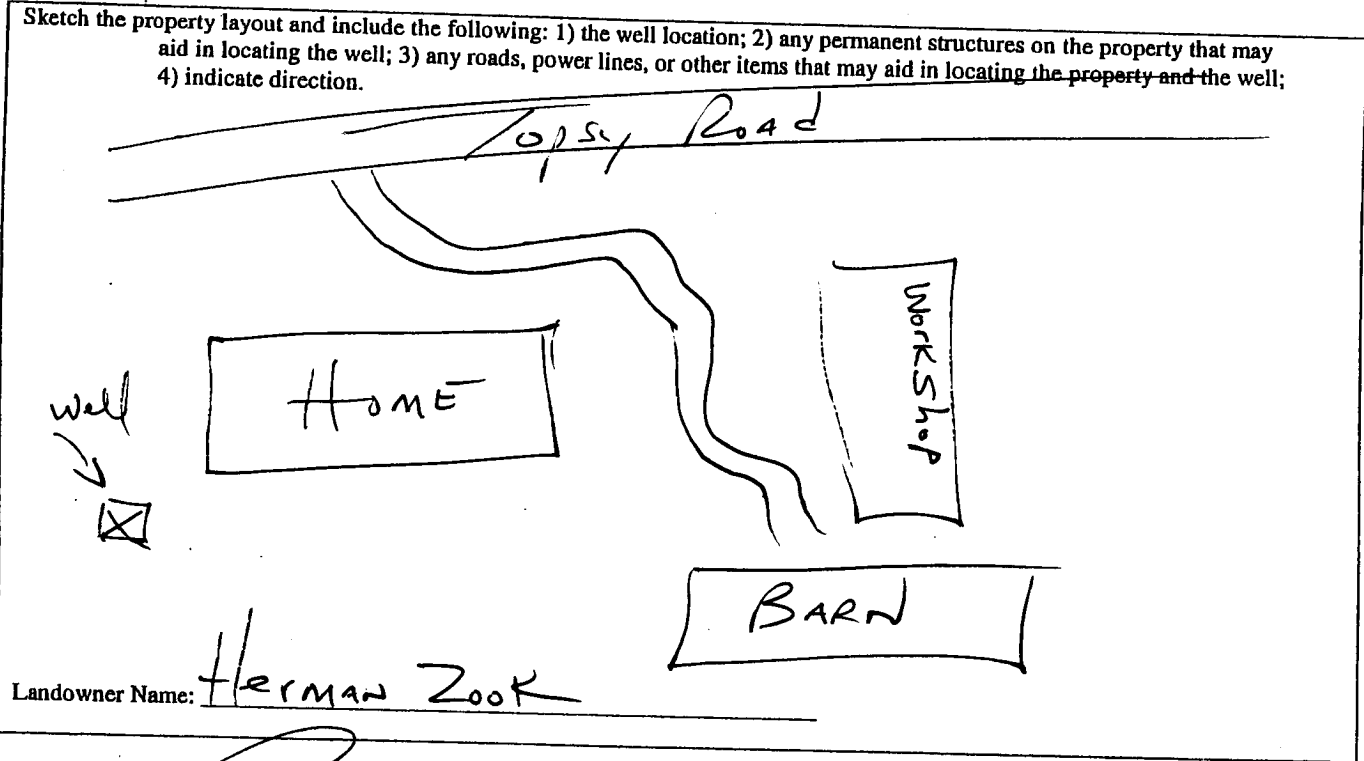
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 BY: CLM/P

If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
Sandy Red Clay	0	40
Blue Clay	40	450
CHALK	450	630
SAND	630	675

If more than one screen, show location of each on sketch



Signature of Water Well Contractor

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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: Pontotoc
 Permit #: _____
 Driller: Leeper Drilling
 Date completed: ~~9-27-12~~
10-10-12

For Office Use Only:
 Aquifer: _____
 Well #: E25
 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: <u>H 34° 10.35'</u>	Longitude: <u>108° 09.368'</u>	
Mailing Address: <u>1005 Topsy Rd</u>	Method of Lat/Long (circle one): Conventional Survey,		
<u>Randolph MS 38864</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS		
City State Zip Code	<u>SW</u> 1/4 <u>NW</u> 1/4 Sec <u>36</u> Twn <u>10 S</u> Rng <u>1 E</u>	Distance	Direction
Telephone No. (<u>NONE</u>)	<u>1</u> Miles	<u>SW</u>	Nearest Town <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>3 HP</u>		
Date Pump Installed: _____			Setting Depth: <u>315</u> feet		
Rated Pump Capacity: <u>3 1/2</u> Gallons Per Minute			Number of Stages: <u>Rod-pump 2 1/2" cylinder</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: <u>9-27-12 10-10-12</u>	Static Water Level (A): <u>280</u> Feet <u>Below Land Surface</u>	<u>Air Line</u>	Electric Measuring Line
Pumping Water Level (B): _____ Feet Below Land Surface	Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Other (specify): _____	Steel Tape
Test Pumping Rate: _____ Gallons Per Minute	Duration of Pump Test (minimum 4 hours): _____ hours	For flowing well, measured shut in head: _____ feet	
		Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping	

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 _____

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