

# 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 #: J-13  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: PONTIAC  
Permit #: \_\_\_\_\_  
Driller: Leeper Drilling  
Date drilling completed: 1-11-08

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: Andy Hostetler  
Mailing Address: ONSBY LANE  
RANDOLPH MS 38864  
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 22 Twn 11S Rng 1E  
Distance Direction Nearest Town  
4 Miles SW of Randolph

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: 1-4-08 Date well drilling completed: 1-11-08  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 140 feet above or below (circle one) land surface Date measured: 1-12-08  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 510 ft Well depth: 510 ft Well grouted to a depth of 10 feet  
Type of grout (circle one): Cement Bentonite Mix  
Casing length: 360 feet Casing diameter: 4 inches Type of casing: PVC  
Screen length: 30 feet Screen diameter: 2 inches Type of screen: PVC  
Screen slot size: .013 inches Setting depth: From 480 feet to 510 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 of Water Well Contractor

RECEIVED  
FEB 04 2008  
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: PONTOTOC  
 Permit #: \_\_\_\_\_  
 Driller: Leeper Drilling  
 Date completed: 1-12-08

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: J-13  
 Elevation: \_\_\_\_\_

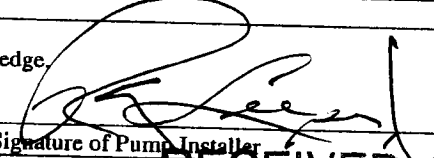
**This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.**

Well Owner Information	Well Location
Owner Name: <u>Andy Husteller</u> Mailing Address: <u>ONSBY LANE</u> <u>RANDOLPH MS 38864</u> <small>City State Zip Code</small> Telephone No. ( ) <u>NONE</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ ¼ _____ ¼ Sec <u>22</u> Twn <u>11 S</u> Rng <u>1 E</u> Distance Direction Nearest Town <u>4</u> Miles <u>SW</u> of <u>RANDOLPH</u>

Pump Type Circle one	Power Type Circle one
Air Lift                      Jet                      Submersible Bucket                        Piston                    Turbine Centrifugal                  Rotary                    Flowing Well Other (specify): _____ Date Pump Installed: <u>Rod Pump</u> Rated Pump Capacity: <u>4</u> Gallons Per Minute	Diesel Engine <u>Gasoline Engine</u> Natural Gas Electric Motor                  Hand                                  Tractor PTO Windmill                        Other (specify): _____ Horse Power Rating of Motor: <u>5 HP</u> Setting Depth: <u>168</u> feet Number of Stages: <u>2 ¼" brass cylinder</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-12-08</u> Static Water Level (A): <u>140</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line                      Electric Measuring Line <u>Steel Tape</u> Other (specify): _____ 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

**RECEIVED**  
 FEB 04 2008  
 BY: OLWR