County: Ton totoc		Vell Report Part 1	For Office Use Only:
Permit #:	Mississippi Departme	nt of Environmental Quality	. · · · · · · · · · · · · · · · · · · ·
Driller: Leepar Drilling	Office of Land	and Water Resources	Aquifer:
		Box 10631	Well #:14
Date drilling completed: 1-12-12	(60)	MS 39289-0631)961-5210	L. S. Elevation:
	(601)3:	54-6938 (fax)	R-log #
State Law requires that this repo			E-log #:
State Law requires that this repo 30 days of completion of drilling	of the well.	e driller in detail and filed w	ith the Department withi
Well Owner Informat	tion		Location
Owner Name Joe Zook		Latitude: 34. 08 . 15	Ho ic .
Mailing Address: 390 Hebro.	JR.D	Laurude: - 10 01 15-	" Longitude: 67 . 67
//2010	RIAL	33 Method of Lat/Long (circle on	لا Conventional Survey,
Randold Mc	201/1/	USGS quad, Hand-held	GPS, Survey-grade GPS
City State	the second s	USGS quad, Hand-heid <u>SE 14 NE 14 Sec 12</u>	
1/0.	Zip Code		Rng_/
Telephone No. () /VONE		Distance Direction	Nearest Town f Randulph
		7400	ILANCUXPH
Purpose of Well (circle one) Home Indus	Well I		
		Irrigation Fish Culture	Other:
Date well drilling started:	Date u	vell drilling complete t	() ()
If flowing, method of flow regulation: Valve		annung completed:	
Static Water Level	Other (de	escribe)	
Static Water Level:fcet abov	c or below)(circle one) la	and surface Date measured.	1-13-12
steel steel	tane electric tons	• •	
Hole depth: <u>510</u> Well depth: Type of grout (circle one): Cement		air line other:	
well depth:	5-10 pt	Well grouted to a depth of	/ o feet
-	Bentonite Mix)	
	liameter:		
Sorroon law of		_inches Type of casing:	pre
	liameter: _ 2 ''	_inches Type of screen:	Puc
Screen slot size:o / oinches	Setting depth: From		
		470 feet to 51	ufeet
Type of completion (circle all applicable): Gi	ravel packed Underrea	amed Telescoped Open hol	e Natural Development
Q)ther (describe):		
lop of lap pipe or reduction in casing	F		
Pop of lap pipe or reduction in casing:	tcet. If teles	coped or more than one screen,	describe on back of page
Eogs fail (cheie all applicable): No log run E	Blectric Gamma Ray	Density Sonic Neutron Oth	ег:
auto of ofganization minning log(a).			
certify that the well was drilled, constructed	d, and completed in acc	ordance with all applicable room	iromonto of 4 254
	a the talississippi Depar	ment of Health regulations	hat curents of the Mississippi
Leeper Drilling #007		Contractions and	ustate news.
	ל .	654	
Print Name of Water Well Contractor and Licer			ter Well Contractor

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If well telescopes please sketch below and show depths.

		Description of Formations Encountered	From	То
		Top Gumbo	0	20
STON		Deit Blue Clay	20	60
STOP	Static =	Saft Black Clay	60	27
	STAtic = - 140 NT	CHACK	270	93
	4" Cotst 1	SANG	730	510
	formation Parans			
1 Vrat	formation reces			
	15			
=	~"Seree~			
	-			
If more than one screen, show location	n of each on sketch			
ch the property layout and include				
aid in locating the well; 3) and 4) indicate direction	ny roads, power lines, or othe	on; 2) any permanent structures on the property the r items that may aid in locating the property and the	at may	
		that may and in locating the property and the	he well;	
\setminus				
$\mathbf{\lambda}$				- 1

Drive HEBRON well_s BARN House ZwK Landowner Name: 02 Signature of Water Well Contractor ECEIVE JAN 23 2012 OLWR

BY:

J14

Permit #: Office of I	Part 2 caller's Completion Report artment of Environmental Quality Land and Water Resources P.O. Box 10631	For Office Use Of Aquifer:
Date completed: /- / 3 - / 2 Jacks	son, MS 39289-0631 (601)961-5210 01)354-6938 (fax)	Well #:
This report should be prepared by the pump installer in installation of pump.	detail and filed with the Departme	ent within 30 days of the
Well Owner Information Owner Name: John Zoo K Mailing Address: 390 Hebrow Lond		II Location
Mailing Address: 390 Hebrow Road	Method of Lat/Long (circle of	ne): Conventional Survey,
Randolph MS 38864	USGS quad Hand	1-held GPS, Survey-grade
City State Zip Code	¹⁴ ¹⁴ Sec/	Nearest Town
	Mileso	E Randolph
Pump Type Circle one	Pov	ver Type
Air Lift Jet Submersible	D: 17	rcle one e Engine Natural
Centrifucel	Electric Motor Hand	Tractor]
Other (specify): DempStar R. J Pump	Windmill Other (s	pecify):
Date Pump Installed:	Horse Power Rating of Motor:	<u>3HP</u>
Rated Pump Capacity: Gallons Per Minute	Setting Depth:/ / / 9 Number of Stages:	•
Pump Test Data		
Date Well Tested: 1-13-12	Circ	suring Water Level
Static Water Level (A):Feet Below Land Surface	Air Line Electric Measu	
Pumping Water Level (B):Feet Below Land Surface	Other (specify):	
Drawdown [(B) – (A)]:Feet Below Land Surface Test Pumping Rate:Gallons Per Minute	For flowing well, measured shut	
Duration of Pump Test (minimum 4 hours):hours	Well yielded	GPM with a drawdown of
		nours of pump
I HEREBY CERTIFY that the above statements are true to the best Leeper Dr. 1/1 ag # 00 79	of my knowledge.	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Insta	r

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K	JAN 2 3 2012
BY:	OLWR