

County: Tippah  
 Permit #: \_\_\_\_\_  
 Driller: Leeper Drilling  
 Date drilling completed: 12-10-09

# State Well Report

## Part I

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: NG1  
 Well #: \_\_\_\_\_  
 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>Tracy Rogers</u>	Latitude: <u>34.36.28</u> Longitude: <u>89.0.38</u>
Mailing Address: <u>62 Hwy 15 South</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Blue MT MS 38610</u> City State Zip Code	<u>SE 1/4 NW 1/4 Sec 32 Twn 5 S Rng 3 E</u>
Telephone No. <u>(662) 685-4204</u>	Distance Direction Nearest Town <u>4 Miles South of Blue Mountain</u>

### Well Data

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

Date well drilling started: 12-9-09 Date well drilling completed: 12-10-09

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

Static Water Level: 21 ft feet above or below (circle one) land surface Date measured: 12-11-09

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

Hole depth: 180 ft Well depth: 180 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 115 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .013 inches Setting depth: From 140 feet to 180 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): \_\_\_\_\_

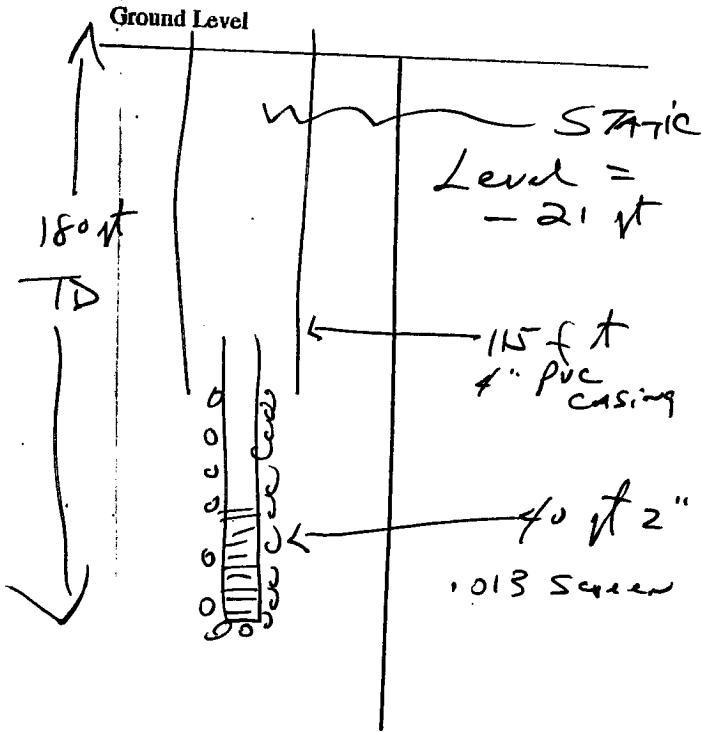
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

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

[Signature]  
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

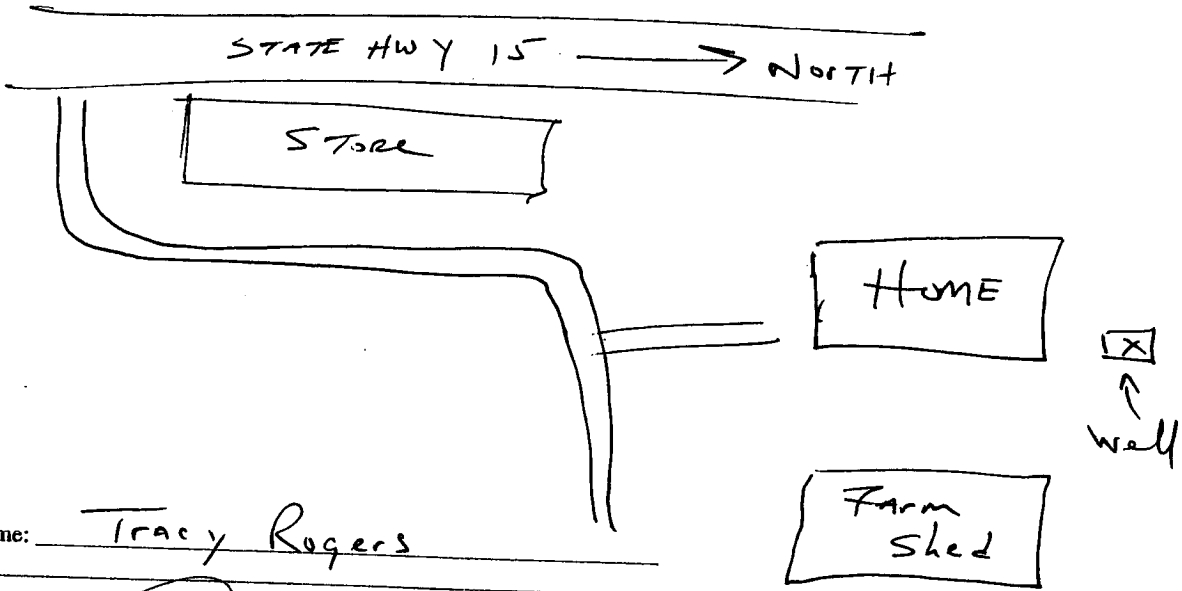
NCE 1



Description of Formations Encountered	From	To
Top Gumbo	0	20
Blue clay	20	118
Rock + shell	118	130
SAND + shell	130	180

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Landowner Name: Tracy Rogers

[Signature]  
Signature of Water Well Contractor

# 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)

### For Office Use Only:

Aquifer: NG1  
Well #: \_\_\_\_\_  
Elevation: \_\_\_\_\_

County: Tippah  
Permit #: \_\_\_\_\_  
Driller: Leeper Drilling  
Date completed: 12-11-09

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>Tracy Rogers</u>	Latitude: _____ Longitude: _____
Mailing Address: _____ <u>62 Hwy 15 South</u> <u>Blue Mt, MS 38610</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. <u>(663) 685-9204</u>	<u>1/4</u> <u>1/4</u> Sec <u>32</u> Twn <u>55</u> Rng <u>3E</u> Distance Direction Nearest Town <u>4</u> Miles <u>S</u> of <u>Blue Mountain</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Bucket <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other (specify): _____ Date Pump Installed: _____ Rated Pump Capacity: <u>10</u> Gallons Per Minute	<input checked="" type="checkbox"/> Diesel Engine <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Windmill Horse Power Rating of Motor: <u>1 HP</u> Setting Depth: <u>100</u> feet Number of Stages: <u>11</u>
<input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Flowing Well	<input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Hand <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-11-09</u>	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>21 ft</u> Feet 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.  
Leeper Drilling #0079  
Print Name of Pump Installer and License No. (if applicable) \_\_\_\_\_  
Signature of Pump Installer \_\_\_\_\_