County: Alcord	State V	Vell Report	
		Part 1	For Office Use Only:
Permit #:	Mississippi Departme	ent of Environmental Quality	
1	Office of Land	and Water Resources	Aquifer:
Driller: Leeper Drilling	P.O.	Box 10631	Well #: 6-/4
Date drilling completed: [[-15-06	Jackson, 1	MS 39289-0631	• • • • • • • • • • • • • • • • • • • •
aming completed: 11-13-06	(601)961-5210	L. S. Elevation:
	(601)35	54-6938 (fax)	E-log #:
State Law requires that this repo	ort he prepared to di		2.08
30 days of completion of drilling	of the well.	e driller in detail and filed w	ith the Department within
wen Owner Informa	tion	T	
Owner Name James Jane	4		Location
0 /420	/	Latitude:	" Longitude:
Mailing Address: 502 CR	572		
· .		Method of Lat/Long (circle one	e): Conventional Survey.
		4.	
Corinth M	S 38434	USGS quad, Hand-held GPS, Survey-grade GPS	
City State	Zin Code	1/4 Sec_ Z9	_Twn_25_Rng_7E
Telephone No. (662) 664 - 160	7)		
1010pnone 140. ((60-) 604 - 170		Miles S	Nearest Town f Correct TH
			LONINTH
D	Well I	Data	2
Purpose of Well (circle one) Home Indus	strial Public Supply	Irrigation / Rist Car	LIVES TOCK
Purpose of Well (circle one) Home Indus Date well drilling started: //- 15-0 6	11-3	Arigadon (Fish Culture)	Other:
	Date w	vell drilling completed: //	15- Watering Troughs
If flowing, method of flow regulation: Valve			, , , , ,
De de ver	Other (de	escribe)	
Static Water Level:feet above	or below (circle one) la	nd surface Dot-	// //
Method of Measurement (circle one)	3	Date measured:	11-16-06
Method of Measurement (circle one) (stee	tape electric tape	air line other:	j ·
Hole depth: / 7 0 Well depth Type of grout (circle one): Cement	: 170 1	337 11	
Tune of mout (c)	VI	well grouted to a depth of	ofeet
- Comont	Dentonite (Mix		
Casing length: 14 feet Casing	liameter // '/	0	
Casing (nameter: 4	inches Type of casing:	rc
Screen length: 30 feet Screen	diameter: 4 "	inches Tung of	Co
	Setting depth: From	140 feet to	o feet
Type of completion (circle all applicable)	ravel packed . Underree		1
		· Found	e Natural Development
(Other (describe):		
Top of lap pipe or reduction in casing:	£ . **		
-	reet. If teles	coped or more than one screen,	describe on back of page
Logs run (circle all applicable): No log run	Electric Gamma Rav I	S 1	
Name of organization running log(s):		Some Neutron Oth	er:
I certify that the well was drilled account	A 3		1
I certify that the well was drilled, constructed Department of Environmental Quality and/o	u, and completed in acco	ordance with all applicable requ	ilrements of the Mississippi
. 1	. one arrespeatible Debate	tment of Health regulations and	state laws.
Leeper Drillin	# 100-70		
Teches Neillin	7 00 19		
Print Name of Water Well Contractor and Lice	nse No.		
		Signature of Wat	ter Well Contractor

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If well telescopes please sketch below and show depths.

Grou	ind Level	
		- 60 pt 5707; c
170 pt 0000000000000000000000000000000000	30	So It 4" Screen

Description of Formations Encountered	From	То
	1.10111	To
Top Braine Cld	- 	
Top Brown Clay	0	30
13/10 6/10		1
Blue Clay	30	120
white (Coper) SAUS		
white Coper (Savi)	120	170
		1
	†	1
	<u> </u>	
	 	
	 	
	 	
	 	
		
	 	
	 	
	 	

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

Signature of Water Well Contractor

	Sketch the property layout and include the following: 1) the well be a significant to the property layout and include the following: 1) the well be a significant to the property layout and include the following: 1) the well be a significant to the property layout and include the following: 1) the well be a significant to the property layout and include the following: 1) the well be a significant to the property layout and include the following: 1) the well be a significant to the property layout and include the following: 1) the well be a significant to the property layout and include the following: 1) the well be a significant to the property layout and include the following: 1) the well be a significant to the property layout and include the following: 1) the well be a significant to the property layout to the pro
	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.
	1x/1- well
- 1	
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1	BARN
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ı	CR 572
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1	Landowner Name: AMES Vancy
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BY: OLWR

STATE WELL REPORT

Part 2

County:

Permit #:

Driller:

Date completed:

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)354-6038 (601)

For Office Use Only:
Aquifer:
Well #: 6 - 141
Elevation:

	1)354-6938 (fax) Elevation:
This report should be prepared by the pump installer in dinstallation of pump.	1)334-6938 (fax) Elevation:
Well Owner Information	became the with the Department within 30 days of the
	Well Location
Owner Name: Jane / Jane /	i i
Mailing Address: 502 CR 572	Latitude:Longitude:
300 CR 572	Method of Lat/Long (circle one): Conventional Survey,
Carinery M.C	USGS quad, Hand-held GPS, Survey-grade GP
City / State Zip Code	14 Sec_ 29 Twn 2 S Rng 75
	Distance
Telephone No. 662, 664 - 1802	Nearest Town
	GMiles SW of Cori~714
Ришр Туре	
Circle one	Power Type Circle one
Air Lift Jet Submersible	l nu
Bucket	Diesel Engine Natural Ga
1 di OliiG	Electric Motor Hand Tractor PTC
Centrifugal Rotary Flowing Well	mactor FIC
Other (specify):	Other (specify):
Pate Pump Installed:	Horse Power Rating of Motor:
	Setting Depth: feet
ated Pump Capacity: Gallons Per Minute	1
Sanona i ci iviniue	Number of Stages:
Pump Test Data	M.O.
ate Well Tested:	Method of Measuring Water Level Circle one
atic Water Level (A): 60 Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape
imping Water Level (B):Feet Below Land Surface	Other (specify):
rawdown [(B) - (A)]:Feet Below Land Surface	Para di la
	For flowing well, measured shut in head:feet
Ganons Fer Minute	Well yieldedGPM with a drawdown of
ration of Pump Test (minimum 4 hours):hours	
	feet after hours of pumping
IEREBY CERTIFY that the above statements are true to the best o	

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

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