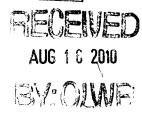
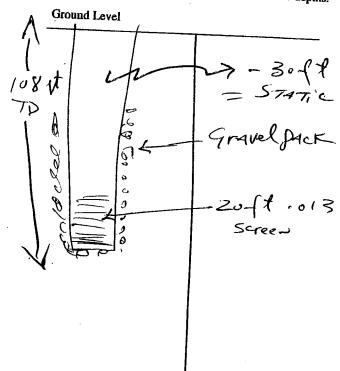
County: It ANAMBA	State Well Report				
Permit #:	Part 1	For Office Use Only:			
	Mississippi Department of Environmental Quality Office of Land and Water Pro-	Aquifer: 688			
Driller: Leeper Orlling	and and water Resources				
Date drilling completed: 7-30-16	P.O. Box 10631 Jackson, MS 39289-0631	Well #:			
	(601)961-5210	L. S. Elevation:			
Cala	(601)354 (000				
30 days of some that this repo	ort be prepared by the	E-log #:			
Well Owner Villing	ort be prepared by the driller in detail and filed without	th the Department			
Owner Name Charles R. le	tlon				
Marie Maries Rila	Well	Location			
Mailing Address: 164 CR	Latitude: 0 15.40	Location "Longitude: 88 - 27.10			
	Method of Lat/Long (circle)	Bridge Do			
100	Method of Lat/Long (circle one	): Conventional Survey,			
MANTACH, & MS					
City State	Zin Code NW 4 NV 4 Sec 34	and Gra			
Ring 8					
0 >	Distance Direction  Miles by of	Nearest Town			
n.	Well Data	-tal-too			
Purpose of Well (circle one) Home Indust					
Date well drilling staged.	rial Public Supply Irrigation Fish Culture O				
YC C	So -/o Date well drive	ther:			
If flowing, method of flow regulation: Valve	rial Public Supply Irrigation Fish Culture O	30-10.			
If flowing, method of flow regulation: Valve Static Water Level:	Other (describe)				
ICCI above	or balan A				
Static Water Level: 30 feet above of below (circle one) land surface Date measured: 7-31-10  Hole depth: 100 there					
Hole depth:	ape electric tape air line other				
Well depth:	108 At Wall				
Type of grout (circle one): Cement B.	entania well grouted to a depth of /c	feet			
Hole depth: Well depth: Well grouted to a depth of Well grouted to a depth of Casing length: Steel tape electric tape air line other: Well grouted to a depth of Casing length: Steel tape electric tape air line other: Well grouted to a depth of					
feet Screen di					
Screen slot size: 1.12 inches Type of screen: Puc					
Type of completion (circle all applicable) Gravel packed III					
Type of completion (circle all applicable) Gravel packed Underreamed Telescoped Open hole					
	Underreamed Telescoped Open hole	Natural Development			
Too of language and the	Ar (dan tra	Development .			
or up pipe of reduction in casing:	feet. If telescoped or more than one screen, describe				
Logs run (circle all applicable): No log run Ble	ctric Gamma Ray Density Sonic Neutron Other:	escribe on back of page			
Name of a	Dollarly Monte Mantenan S.	i i			
Department of Environmental Quality and	and completed in accordance with all applicable record				
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 Wall C					
Print Name of Water Well Contractor and License No.					
	Signature of Water	Well Contractor			





Description of Formations Encountered	From	То
Cod C/4	10	20
Yellow fine squid	70	571
Yellow fine Synd	50	108
		-
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If more than one screen, show location of each on sketch

Sketch the property aid in l	layout and include the following: 1) the well location; 2) any permanent structures on the property that may cate direction.
4) indi	locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; cate direction.
	and Proporty and the Well;
	5/2
	57 Awy 363
	Wall
	Home
ndowner Name:	Charles Rile
	17/24
•	

Signature of Water Well Contractor

AUG 1 6 2010
BY OWN

## STATE WELL REPORT

County:

Permit #:

Driller:

Date completed:

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:		
Well #:		
Elevation:		

This report should be prepared by the pump installer in detail and filed with the De

Well Owner Information	and with the Department within 30 days of the
Owner Name: Charles Rila	Well Location
Mailing Address: 15 STHWY 363	Latitude:Longitude:  Method of Lat/Long (circle one): Conventional Survey,
City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. (662) 419 - 1856	Distance Direction Nearest Town  S_Miles_U of
Ритр Туре	
Circle one Air Lift Jet Submersible	Power Type Circle one
Bucket Piston Turbine	Diesel Engine Gasoline Engine Natural Gas  Electric Motor Hand
Centrifugal Rotary Flowing Well	Tractor PTO
Other (specify):	Other (specity):
Date Pump Installed: 7- 31- 10	Horse Power Rating of Motor: 34 HP
Rated Pump Capacity:Gallons Per Minute	Setting Depth:
Pump Test Data	
Date Well Tested: 7-31-/v	Method of Measuring Water Level Circle one
Static Water Level (A): O Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape
Pumping Water Level (B):Feet Below Land Surface	Other (specify):
Drawdown [(B) - (A)]:Feet Below Land Surface	For flowing well measured to
Test Pumping Rate:Gallons Per Minute	For flowing well, measured shut in head:feet Well yielded
Duration of Pump Test (minimum 4 hours):hours	Well yieldedGPM with a drawdown offeet afterhours of pumping
HEREBY CERTIFY that the above statements are true to the best of	my knowledge.
Leepel Drilling # 0079	

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