	State W	ell Report		
County: LA fay. The		ut 1	For Office Use Only:	
		of Environmental Quality	Aquifer:	
Permit #:	Office of Land and Water Resources			
Driller: Leeper Drilling	P.O. B	ox 10631	Well #: <u>A- 62</u>	
Date drilling completed: <u>3-16-06</u>	Jackson, MS	son, MS 39289-0631 (601)961-5210		
		61-5210 -6938 (fax)		
		• •	E-log #:	
State Law requires that this repo 30 days of completion of drilling	ort be prepared by the d	lriller in detail and filed w	ith the Department within	
Well Owner Informat	tion	Well	Location	
Owner Name_ Hligh Rober 750	N- Costraction	· · · · ·	Location	
	- CONTACTOR	Latitude:	" Longitude:'	
Mailing Address: /// C.R.	143	Method of Lat/Long (circle on	e): Conventional Survey,	
		USGS quad, Hand-held	GPS, Survey-grade GPS	
()Xford M	5 38655		· · · · · ·	
City / Stat	S 38655 e Zip Code			
Telephone No. (662) 816 - 4		Distance Direction	Nearest Town	
Purpose of Wall (similar)		-	·	
Purpose of Well (circle one) Home Indu		Irrigation Fish Culture	Other:	
Date well drilling started:			-16-06	
If flowing, method of flow regulation: Valv	e Other (des	cribe)		
Static Water Level:feet abo			3-17-06	
Method of Measurement (circle one ste				
Hole depth: 190 17 Well dept	th: 190 1	Well grouted to a depth of	10 feet	
Type of grout (circle one): Cement			leet	
	Bentonite Mix	/	4	
Casing length: <u>175</u> feet Casing		inches Type of casing:		
1	n diameter:	inches Type of screen:	Puc	
Screen slot size: <u>v 0/0</u> inches		<u>175</u> feet to <u>19</u>	0feet	
Type of completion (circle all applicable):	Gravel packed Underrea	med Telescoped Open h	ole Natural Development	
	Other (describe):	_	·····	
T				
Top of lap pipe or reduction in casing:				
Logs run (circle all applicable): No log run	Electric Gamma Ray I	Density Sonic Neutron O	ther:	
Name of organization running log(s)				
I certify that the well was drilled, construct	cted, and completed in acco	ordance with all applicable re	quirements of the Mississioni	
Department of Environmental Quality and	l/or the Mississippi Depar	iment of Health regulations a	nd state laws	
Leeper Drillin	sc#0079	Y M		
Print Name of Water Well Contractor and Li			1 equal (
		Signature of	Vater Well Contractor	
		t	RECE	
			APR 17	
			BY: OL	

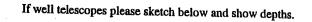
	STATE W	ELL REPORT		
Driller: <u>Leeper Drilling</u> Date completed: <u>3-17-06</u>	Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)		For Office Use Only: Aquifer: Well #: <u>A - 52</u> Elevation:	
This report should be prepared by the pu installation of pump.	ump installer in deta	il and filed with the Department	t within 30 days of the	
Well Owner Information Owner Name: +/496 Ruber 750~ - Contracto		Well Location		
Telephone No. (662) 816 - 4213	38655 Zip Code		held GPS, Survey-grade GPS $Twn 75 Rng 4\omega$ Nearest Town	
Pump Type Circle one			er Type cle one	
Duchat	bmersible	Diesel Engine Gasoline	Engine Natural Gas	
Contribunal	rbine 	Electric Motor Hand	Tractor PTO	
Centrifugal Rotary Flo Other (specify):		WindmillOther (spHorse Power Rating of Motor: _Setting Depth:Setting The stages:Yumber of Stages:	feet	
Pump Test Data Date Well Tested: S-/7- &	6	Method of Meas Circ	uring Water Level	
Static Water Level (A):Feet Below Pumping Water Level (B):Feet Below	w Land Surface	Air Line Electric Measur Other (specify):	ring Line Steel Tape	
Drawdown [(B) – (A)]:Feet Below	w Land Surface	For flowing well, measured shut	in head:feet	
Test Pumping Rate:Gallo		Well yielded		
Duration of Pump Test (minimum 4 hours):	hours	feet after	hours of pumping	
I HEREBY CERTIFY that the above statements a $\angle EEEED$ \therefore $\exists o$ Print Name of Pump Installer and License No. (if	079	my knowledge. Signature of Pamp Insta	APR 17 2006 BY: OLWP	
			DT. ULWA	

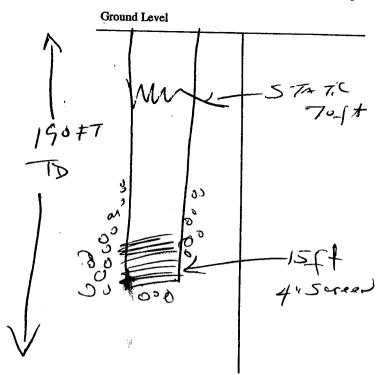
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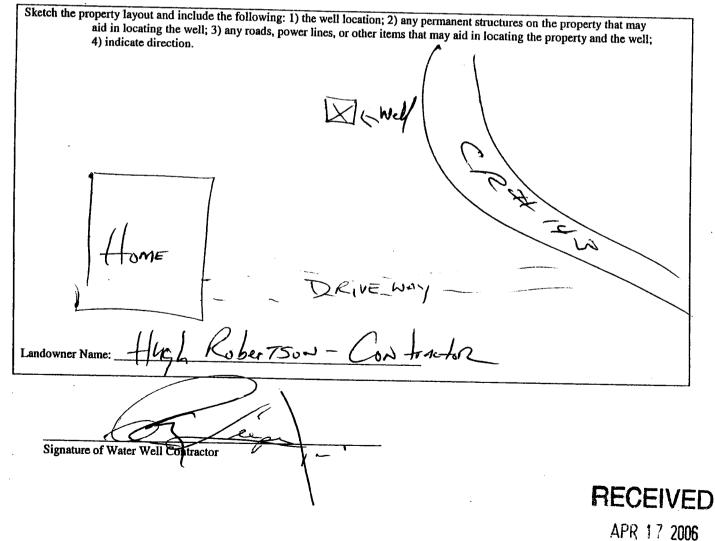
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Description of Formations Encountered	From	To
TOP C/44	0	20
BROWN SAND	20	70
White Sand	70	190

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



BY: OLWR

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