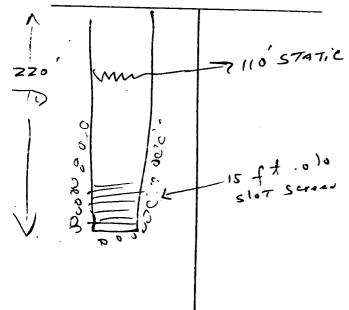
	State V	Vell Report			
County: <u>La fayette</u> Permit #: Driller: <u>Leeper Drilling</u>		Part 1	For Office Use Only:		
Permit #·	Mississippi Departmer	nt of Environmental Quality	Aquifer:		
	Office of Land	and Water Resources	Well #: B-66		
Driller: <u>Leeper Onlling</u>		Box 10631 AS 39289-0631			
Date drilling completed: 1-24-07	(601)	961-5210	L. S. Elevation:		
L	(601)35	4-6938 (fax)	E-log #:		
State Law requires that this rep- 30 days of completion of drilling	ort be prepared by the of the well	driller in detail and filed w	ith the Department within		
Well Owner Informa	tion	Well	Location		
Owner Name Ammie Whit.	e	Latitude:°' Longitude:°'			
Mailing Address: 74 CR		Method of Lat/Long (circle on			
			GPS, Survey-grade GPS		
City Stat	38638		Twn 75 Rng 3ω		
Telephone No. (<u>دی)</u> <u>۲۱3 - ۲</u> 2					
	Well I		n onfore		
Purpose of Well (circle one) (Home Indu					
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Date well drilling started: Date well drilling completed: 7 - 2 4 - 0 7					
If flowing, method of flow regulation: Valv	/e Other (de	escribe)			
Static Water Level: _// Ofeet abo	ove or below (circle one) la	and surface Date measured:	1-25-07		
Method of Measurement (circle one)	el tape electric tape		1		
Hole depth: 22.9 Well dept	h: 220 pt	air line other: Well grouted to a depth of	/ U feet		
Type of grout (circle one): Cement	Bentonite Mix)			
Casing length: <u>205</u> feet Casing diameter: <u>4</u> inches Type of casing: <u></u> <i>v</i> c					
	diameter: <u>4</u> "	inches Type of screen:			
Screen slot size: o / oinches	Setting depth: From	205 feet to 27	LO feet		
Type of completion (circle all applicable):	Gravel packed Underre				
		amed Telescoped Open ho			
Top of lap pipe or reduction in casing:	feet. If tele	scoped or more than one screen	L describe on back of		
Logs run (circle all applicable): No log run	Electric Gamma Ray	Density Sonic Neutron Ot	her:		
Name of organization running log(s)			— .		
I certify that the well was drilled, construc	ted, and completed in acc	cordance with all applicable rec	uirements of the Mississippi		
Department of Environmental Quality and Leeper Drilling #	/or the Mississippi Depar ०० ७१	tment of Health regulations an	ad state laws.		
Print Name of Water Well Contractor and Lic		Signature of W	ater Well Contractor		
			RECEIVED		
			BY: OLWF		
			OT ULVYF		

' If well telescopes please sketch below and show depths.

B-66

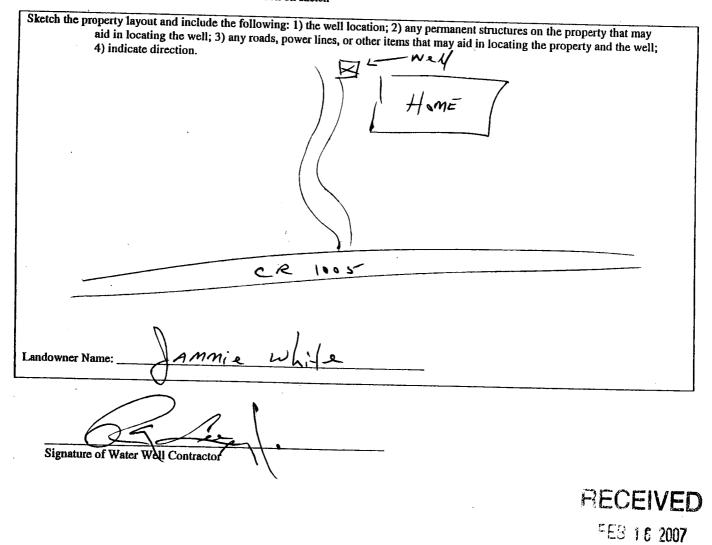
BY: OLWR





Description of Formations Encountered	From	То
T.P. Clay	0	20
BROWN SAND	20	90
white Sand		
U ~; z ~ ~ e	90	220
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If more than one screen, show location of each on sketch



• •	STATE WI	ELL REPORT		
Driller: <u>Le eper Drilling</u> Date completed: <u>1-25-07</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: quifer: /ell #: B - 66 weation:	
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: Ammie white Mailing Address: 7A CR 1005		Latitude: Longitude: Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS		
City State Zip Code Telephone No. (662 513-0260		$\frac{14}{14} \frac{14}{5} \operatorname{Sec}_{11} \operatorname{Twn}_{75} \operatorname{Rng}_{3W}$ Distance Direction Nearest Town $\frac{14}{2} \operatorname{Miles}_{10} \operatorname{NE}_{10} \operatorname{of}_{10} \operatorname{Sc}_{10} \operatorname{Sc}_{10}$		
Pump Type Circle one		Power T Circle of		
Air Lift Jet S	ubmersible	Diesel Engine Gasoline Eng	gine Natural Gas	
Bucket Piston Tu	urbine	Electric Motor Hand	Tractor PTO	
	lowing Well	Windmill Other (speci	fy):	
Other (specify):		Horse Power Rating of Motor: <u>3/4 H P</u>		
Date Pump Installed: / - 2 \$ - 0 7 Rated Pump Capacity: / 0 Gallons Per Minute		Setting Depth:feet Number of Stages:		
Pump Test Data		Malesta		
Date Well Tested: /_ 2 5 7		Method of Measurin Circle o	ig Water Level ne	
Static Water Level (A): Feet Kelow Land Surface		Air Line Electric Measuring	Line Steel Tape	
		Other (specify):		
Drawdown [(B) – (A)]:Feet Below Land Surface		For flowing well, measured shut in h	ead: feet	
Test Pumping Data		Well yieldedGPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):	hours	feet after		
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				

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FEB 16 2007 BY: OLWR