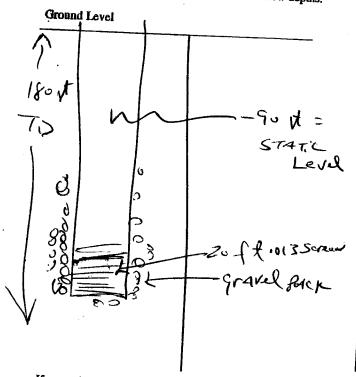
County: LA fage 112	State Well Report	
Permit H.	Part 1	For Office Use Only:
Permit #:	Mississippi Department of Environmental Qu Office of Land and Western	I
Driller: Leeper Drilling	Land and Water Resources	
Date drilling completed: 6-5-09	P.O. Box 10631	Well #: B 72
	Jackson, MS 39289-0631 (601)961-5210	L. S. Elevation:
	(601)354 6020 40 .	
State Law requires that this rep	Ort he proper to :	E-log#:
Well Owner Informa	ort be prepared by the driller in detail and f of the well.	iled with the Department within
Owner Name Bram lett Murch		Well Location
Mailing Add Zaz	Latitude: 34 • 25	·33 " Longitude:89 · 30 · 19 "
Mailing Address: 203 CR 18/		30 · 19 "
	Method of Lat/Long (cir	rcle one): Conventional Survey,
	USGS and Han	a la
City / State	38655 Stall Stall	i-held GPS, Survey-grade GPS
State	Zip Code Zip Code Sec_	34 Twn 75 Rng 3W
Telephone No. (662) 234-	£41 Distance Directi	34 Aug. 34
		Nearest Town
	Well Data	on Nearest Town
Purpose of Well (circle one) Home Indus	Hal no.	
Date well drilling at a	and Fublic Supply Irrigation Fish Cultur	6 Others
drining stated: 4-5-	Date well drilling	o Other:
If flowing, method of flow regulation: Value	Date well drilling completed:	5-09
Static Water Level: 90 feet above	Other (describe)  Other (describe)  or (elow (circle one) land surface Date measur	
Method of Management	or nelow (circle one) land surface Date measur	ed: 6-6-09
Method of Measurement (circle one) steel	tape electric tane	
Hole depth: 180 11 Well depth.	/ Co do att line other:	
Type of group (-: )	Well grouted to a depth of	of /()
Type of grout (circle one): Cement	Sentonite (Mix)	feet
Casing length: /60 feet Casing d	inmate.	
Screen length: 20 form	inches Type of casing	fuc
Screen d	iameter:   inches Type of casing:  iameter:   inches Type of screen:	Puc
niches	elling depth: From	· .
Type of completion (circle all applicable).	etting depth: From 165 feet to 16  avel packed Underreamed Telescoped Open	C foct
Gr.	ivel packed Underreamed Telescoped Ope	ř
Oi	her (describe):	
Pop of lap pipe or reduction in casing.	-,	
Loca me (a)	feet. If telescoped or more than one so	Teen, describe on he
cogs run (circle all applicable): No log run E	ectric Gamma Ray Density Sonic Neutron	and nack of page
Name of organization running log(s):	Donaity Sonic Neutron	Other:
certify that the well was drilled, constructed	and	1
Department of Environmental Quality and/on	, and completed in accordance with all applicable the Mississippi Department of Health regulation	requirements of the Mississippi
· · · · · · · · · · · · · · · · · · ·	me mississippi Department of Health regulation	s and state laws
leeps Dill #	20	
Print Name of W	0079 (N	
Print Name of Water Well Contractor and Licen.	se No.	
	Signature d	of Water Well Contractor

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If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	То
Top Red Clay	0	10
Red Sand		
	10	2υ
Brown Sand	20	90
White Sand	90	1/4
	70	180
	<del> </del>	<del> </del>
	-	
	<del> </del>	

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;

A Maryham Landowner Name:

Prande the Maryham

Landowner Name:

A Maryham

Landowner Name:

Landowner Name:

A Maryham

Landowner Name:

A Maryham

Landowner Name:

Landowner Name:

A Maryham

Landowner Name:

A Maryham

Landowner Name:

L

Signature of Water Well Contractor

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## STATE WELL REPORT County: \_\_\_ Part 2 Pump Installer's Completion Report For Office Use Only: Mississippi Department of Environmental Quality Permit #: Office of Land and Water Resources Aquifer: Driller: P.O. Box 10631 Jackson, MS 39289-0631 Date completed: B72 Well#: (601)961-5210 (601)354-6938 (fax) This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the Branlette Murphre Well Location Latitude: 34 25 33" Longitude: 89° 30 19 Mailing Address: Method of Lat/Long (circle one): Conventional Survey, 2.3 CR 141 USGS quad, Hand-held GPS, Survey-grade GPS Telephone No. (662) 234-8416 Distance Direction Nearest Town / Miles NE of OX ford Pump Type Circle one Power Type Air Lift Circle one Jet Submersible Diesel Engine Bucket Gasoline Engine Piston Natural Gas Turbine Electric Motor Centrifugal Hand Rotary Tractor PTO Flowing Well Windmitt Other (specify): \_\_\_ Other (specify): \_ Date Pump Installed: 6-6-09 Horse Power Rating of Motor: 3/4 H Rated Pump Capacity: // Gallons Per Minute Setting Depth: \_\_\_\_ 140 Number of Stages: \_\_\_\_ Pump Test Data Method of Measuring Water Level Circle one Static Water Level (A): 90 Fee Below and Surface Air Line Electric Measuring Line Steel Tape Pumping Water Level (B): \_\_\_\_\_Peet Below Land Surface

For flowing well, measured shut in head: \_\_\_ Test Pumping Rate: \_\_\_ \_\_\_\_Gallons Per Minuto Well yielded \_\_\_\_\_GPM with a drawdown of Duration of Pump Test (minimum 4 hours): \_\_\_feet after hours of pumping I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Drawdown [(B) - (A)]: \_\_\_\_\_\_Peet Below Land Surface

Other (specify): \_

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