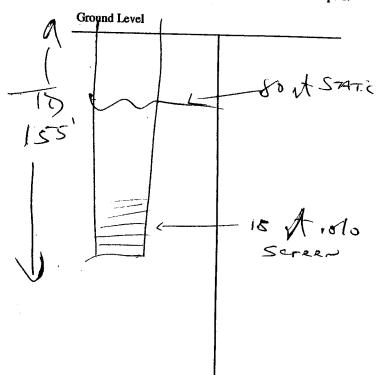
	State V	Vell Report		
County: CA Cayette		Part 1	For Office Use Only:	
Permit #:	Mississippi Department of Environmental Quality		Aquifer:	
	Office of Land and Water Resources		Well #:	
Driller: Legar Orilling	P.O. Box 10631 Jackson, MS 39289-0631			
Date drilling completed: 6-14-06		961-5210	L. S. Elevation:	
	(601)354-6938 (fax)		E-log #:	
State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.				
Well Owner Information		Wall	Location	
Owner Name /im /raylor			1	
,	lling Address: 145 Walson Ridge el		" Longitude: " " " " " " " " " " " " " " " " " " "	
7—1				
City State Zip Code		USGS quad, Hand-held GPS, Survey-grade GPS		
n				
Telephone No. (662) 816-4015  Distance Direction Nearest Town  Miles No of Sxfrd			Nearest Town of Sxf.rd	
Well Data				
Purpose of Well (circle one Home Industrial Public Supply Irrigation Fish Culture Other:				
Date well drilling started: 6-19-06 Date well drilling completed: 6-19-06				
If flowing, method of flow regulation: Valve Other (describe)				
Static Water Level: Svfeet above or below (circle one) land surface Date measured: C - Z 6 - 6 (				
Method of Measurement (circle and)				
Hole depth: /55   Well depth: _155   Well grouted to a depth of feet				
Type of grout (circle one): Cement Bentonite (Mix)				
Casing length: 140 feet Casing diameter: 44 inches Type of casing: PUC				
Screen length:				
Screen slot size: 10/0 inches Setting depth: From				
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development				
Other (describe):				
Top of lap pipe or reduction in casing:feet. If telescoped or more than one screen, describe on back of page				
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:				
Name of organization running log(s):				
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.				
Leeper Orillia, # 0079				
rint Name of Water Well Contractor and License No.				

Signature of Water Well Couraging ENFO



Description of Formations Encountered	From	To
10PC124	0	20
BROWN SAND	20	80
white 59-3	80	157

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; 4) indicate direction.
Ame
Woodson Ridge Road
Landowner Name: / im Iraylor

Signature of Water Well Contractor

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BY: OLWE

## STATE WELL REPORT

## 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 #:	5-14	
Elevation:		

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: /in Tray(. r	Latitude:Longitude:			
Mailing Address: 14 - Woodson Ridge Road	Method of Lat/Long (circle one): Conventional Survey,			
City / State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS			
Telephone No. (662) 816 - 4515	S Miles NE of Oxford			
Pump Type Circle one	Power Type Circle one			
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas			
Bucket Piston Turbine	Electric Motor Hand Tractor PTO			
Centrifugal Rotary Flowing Well	Windmill Other (specify):			
Other (specify):	Horse Power Rating of Motor: / HP			
Date Pump Installed: 6-20-06	Setting Depth: /30feet			
Rated Pump Capacity:Gallons Per Minute	Number of Stages:			
Pump Test Data  Date Well Tested:	Method of Measuring Water Level Circle one			
Static Water Level (A):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 shut in head:feet			
Test Pumping Rate:Gallons Per Minute	Well yieldedGPM with a drawdown of			
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping			

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

Signature of Pump Installer

Signature of Pump Installer