State	Well Deport			
County: LA favette State Well Report		For Office Use Only:		
	Part 1 Mississippi Department of B			
I Office of Land	Mississippi Department of Environmental Quality Office of Land and Water Resources			
Driller: Leger Dr. 1/1/25 P.O	Box 10631	Well #:/ 7		
	MS 39289-0631			
(60	1)961-5210	L. S. Elevation:		
	354-6938 (fax)	E-log #:		
State Law requires that this report be prepared by the	o delle i delle			
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.	e driner in detail and filed w	ith the Department within		
Wen Owner Information		Location		
L'Owner Name / Mr. C //A/				
Mailing Address: 49 Woodson Ridge Rugo	/ Latitude:	" Longitude:°"		
1 00000 14 age 1200	Method of Lat/Long (circle on	e): Conventional Survey,		
	USGS quad, Hand-held			
City State Zip Code USOS quad, Hand-held		Twn_75 Rng_2 W		
Telephone No. (662) 234-3719	Distance Direction Miles	Nearest Town		
Well				
Purpose of Well (circle one Home)	Data			
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture	Other:		
Date well drilling started: //- 25 _ o 6 Date	well drilling completed.	25-06		
If flowing, method of flow regulation: Valve Other (c	losseit a)			
Static Water Level:	icscribe)			
Static Water Level:feet above or below (circle one)	land surface Date measured:	11-27-06		
Method of Measurement (circle one) steel tape electric tape	air line other:			
Hole depth: 95 1 Well depth: 95 1	. Well grouted to a depth of	10 fact		
Type of grout (circle one): Cement Bentonite (Mix				
Casing length: 80 feet Casing diameter: 44				
Screen length: /5 feet Screen diameter: 44				
S				
g depth. Tioni_	80 feet to 95	feet		
Type of completion (circle all applicable): Gravel packed Underro	r - Pen no	Pilloni		
Other (describe):				
Top of lap pipe or reduction in casing:feet. If tele	escoped or more than one screen	describe on book - 5		
Logs run (circle all applicable): No log run Electric Gamma Ray	Density Sonic Neutron Out	, describe on back of page		
Name of organization running log(s).				
I certify that the well was drilled, constructed, and completed in ac	cordance with all applicable			
Department of Environmental Quality and/or the Mississippi Depa	riment of Health	urements of the Mississippi		
Leeper Drilling # 0079	Treatth regulations and	a state laws.		
	_ 09	ceper Tr-		
Print Name of Water Well Contractor and License No.	Signature of Wa	ater Well Contractor		

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		Description of Formations Encountered	From	То
*		To PCLAY	0	10
95 my 1	601X 5707:0	Brown Sand	10	80
To all	60 Nt STATIC	white Sand	gu	9,-
301-	gravel paic			
	- 15 A			
	of "Screen			
/				
	- -			
	ŀ			
If more than one screen, show				

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.	
Woodson Ridge Road	
TP. KM Home	
1 X Well	
andowner Name: Chri's VAug La	

Signature of Water Well Contractor

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BY: OLWF

STATE WELL REPORT

County:

Permit #:

Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 10631

For Office Use Only:
Aquifer:
Well #:
Elevation:

7 97111	r.O. Box 10631	
Date completed: //- 27-• 6	uckson, MS 39289-0631 Well #:	
	(601)354-6938 (fax) Elevation:	
This report should be prepared by the pump installer installation of pump.	in detail and filed with the Department within 30 days of the	
well Owner Information		
Owner Name: CHR'S VAugha	Well Location	
VAMA 4 W	Latitude:Longitude:	
Mailing Address: \$ 9 Words and Ridge Roa	Method of Lat/Long (circle one): Conventional Survey,	
Oxford MS 38657 City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS	
City / State Zin Code	14 Sec / 7 Twn 7 5 Rng 2 W	
Zip Code	Disc	
Telephone No. 662) 234 - 3719	14catest 10Wn	
- soprioric No. (90-)	$\frac{G_{\text{Miles}}}{} \sim = \text{of} G \times f_{\text{miles}}$	
Ритр Туре		
Circle one	Power Type	
Air Lift Jet (S. J. W.)	Circle one	
All Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas	
Bucket Piston Turbine		
T OF DAILE	Electric Motor Hand Tractor PTO	
Centrifugal Rotary Flowing Well	Windmill Other (specify):	
Other (specify):	Horse Power Rating of Motor: 3/4 HP	
Date Pump Installed:	•	
	Setting Depth:feet	
Rated Pump Capacity: / O Gallons Per Minus	te Number of Stages: / (
Pump Test Data		
	Method of Measuring Water Level	
Date Well Tested: 11-27-06	. Circle one	
Static Water Level (A): CuFee (Below) Land Surface	Air Line Electric Measuring Line Steel Tape	
Pumping Water Level (B):Feet Below Land Surface		
Drawdown [(B) - (A)]:Feet Below Land Surfac	For flowing well, measured shut in head:fect	
Test Pumping Rate:Gallons Per Minute	i	
	Well yieldedGPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping	
HERRRY CERTIES that the above and		

ı				
	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	- -	IVED	
				_

DEC 15 2006

BY: OLWR