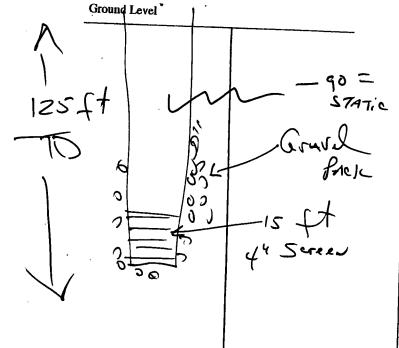
Office of Land and Water Resources M and $K = C = 19$ Det drilling completed: $3-13-00$ State Law requires that this report he propared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well. Mailing Address: 12 C/est Culler Pool Resources M and $M = ResourcesMailing Address: 12 C/est Culler Pool Resources M and M = ResourcesMailing Address: 12 C/est Culler Pool Resources M and M = ResourcesMailing Address: 12 C/est Culler Pool Resources M and M = ResourcesMailing Address: 12 C/est Culler Pool Resources M = ResourcesMissing Address: 12 C/est Culler Pool Resources M = ResourcesMissing Address: 12 C/est Culler Pool Resources M = ResourcesMissing Address: 12 C/est Culler Pool Resources M = ResourcesM = Resources Resources M = ResourcesM = Resources Resources Resources Resources M = Resources ResourcesM = Resources Resou$	Permit #: Mississippi Departme	Vell Report Part 1 Int of Environmental Quality	For Office Use Only:
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 Docation Well Docation Owner Name A M C A J. Mailing Address: 12 C / A C A J. City J. J. State Zip Code City J. J. State Zip Code D. X J - 4 S 3565 J. City J. J. State Zip Code Discrition Nearest Town S Mag 2 M. Batanes M C (L 2) 23 4 - 4 S 39 Well Data Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Date well drilling started: 3 - 13 - 04 H flowing, method of flow regulation: Valve Other (circle one) Industrial Public Supply Irrigation Fish Culture Other: Top of grant (circle one): Cement Bentonite Mix Screen length: 1/0 feet Casing diameter: 4'' inches Type of screen: 1/2 feet Type of screen is setting depth: From 1/0 feet to 1/2 feet Type of screen singt: 1/0 feet Screen diameter: 4''' inches Type of screen: 1/2 feet Type of screen singt: 1/2 feet Screen diameter: 4'' inches Type of screen: 1/2 feet Type of screen is setting depth: From 1/0 feet to 1/2 feet Type of screen: 1/2 feet M cashed the Mississippi Department of Health regulations of the Mississippi Department of Health regulations of the Mississippi Department of Health regulations of the Mississippi Department of Health regulations and state laws. Law M compares of the Mississippi Department of Health regulations and state laws. Law M compares of M compares of the Mississippi Department of Health regulations and state laws. Law M compares of Water Well Content compares of the Mississippi Department of Health regulations and state laws.	Driller: <u>Ceper Dr.//(.5</u> Date drilling completed: <u>3-/3-08</u> (601	Jackson, MS 39289-0631 (601)961-5210	
Owner Name Ka M ($Ca + I_{4}$ Well Location Malling Address: $I \ge C/e = C_{4} I_{4} = P_{0} = d$ Latitude: " Longitude: " Longitude: " " Method of Lat/Long (circle one): Conventional Survey, grade GPS $O \ge f_{0} = I = M \le S = S = T_{VI} = S = S = T_{VI} = S = S = S = T_{VI} = S = S = S = S = S = S = S = S = S = $	State Law requires that this report be prepared by the 30 days of completion of drilling of the well.		ith the Department within
Mailing Address: $12 C_4 let S C_4 llet for el Mailing Address: 12 C_4 let S C_4 llet for el Mailing Address: 12 C_4 let S C_4 llet for el Mailing Address: 12 C_4 let S C_4 let $	Owner Name Kon MCCAS-		
USGS quad, Hand-held GPS, Survey-grade GPS City r_{State} Zip Code $4 \leq s_2 \leq Twn_7 S_{Rg} \geq \omega$ Distance $S \leq s_2 \leq Twn_7 S_{Rg} \geq \omega$ Distance $S \leq s_2 \leq Twn_7 \leq Rg \geq \omega$ Purpose of Well (circle one Home) Industrial Public Supply Irrigation Fish Culture Other: Date well drilling started: $3 - 13 - othered = 0$ Date well drilling started: $3 - 13 - othered = 0$ Static Water Level: 20 feet above or below (circle one) land surface Date measured: $3 - 14 - othered = 0$ Static Water Level: 20 feet above or below (circle one) land surface Date measured: $3 - 14 - othered = 0$ Hole depth: $12 S = 4$ Well depth: $12 S = 4$ Well depth: $12 S = 4$ Well grouted to a depth of $1/4$ feet Type of grout (circle one): Cement Bentonite Mix Mix Casing length: $1/5$ feet Screen diameter: 4 inches Type of screen: PVC Screen lingth: $1/5$ feet Screen diameter: 4 inches Type of screen, describe on back of page Logs run (circle all applicable) Gravel packed Underreamed Telescoped or more than one screen, describe on back of page Logs run (circle all applicable)	Mailing Address: 12 Glen Culler Road		
Well Data Purpose of Well (circle one) Home Industrial Public Supply Irigation Fish Culture Other:	OX-ford MS 38659 City State Zip Code	USGS quad, Hand-held	GPS, Survey-grade GPS
Purpose of Well (circle on Home) Industrial Public Supply Irrigation Fish Culture Other: Date well drilling started: 3-13-or Date well drilling completed: 3-13-or If flowing, method of flow regulation: Valve Other (describe) 3-13-or Static Water Level: 70 feet above for below (circle one) land surface Date measured: 3-17-or Method of Measurement (circle one) steel tape electric tape air line other:	Telephone No. (613) 234-6539	Distance Direction	Nearest Town
Other (describe):	Purpose of Well (circle one) Home Industrial Public Supply Date well drilling started: <u>3-13-04</u> Date well drilling started: <u>5-04</u> Green to be drilling started: <u>3-13-04</u> Date well drilling started: <u>3-13-04</u> Date well drilling started: <u>3-13-04</u> Date well drilling started: <u>5-04</u> Green to be drilling drilling started: <u>3-13-04</u> Date well drilling started: <u>3-13-04</u> Date well drilling started: <u>3-13-04</u> Date well drilling started: <u>5-04</u> Green diameter: <u>4''</u> Screen slot size: <u>0/3</u> inches Setting depth: From	Irrigation Fish Culture (vell drilling completed:	$\frac{-13 - 0}{3 - 14 - 0}$ $\frac{3 - 14 - 0}{\text{feet}}$ $\frac{10 \text{feet}}{PVC}$ $\frac{PVC}{\text{feet}}$
Name of organization running log(s): I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws. Leeper Drilling 40079 Print Name of Water Well Contractor and Linear bl	Other (describe):	1 opon no.	
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.	ogs run (circle all applicable): No log run Electric Gamma Ray	coped or more than one screen	, describe on back of page
Leeper Dr. 11im # 0079	certify that the well was drilled, constructed, and completed in acc	ordonas utili - H - H - H	
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor	Leeper Dr. 11im # 0079	tment of Health regulations and	uirements of the Mississippi I state laws. P
	Print Name of Water Well Contractor and License No.	Signature of Wa	ter Well Contractor
RECEIVE			APR 0 3 20

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BY: OLWR

If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	То	
Red Clay	0	10	
Brown Sand	70	70	
White Sord	70	125	

C-19

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; omE pul Row MC Carty Landowner Name: (Signature of Water Well Sontractor

APR 0 9 2008 BY: OLWR

STATE WELL REPORT					
Part 2 County: Cafaytte Permit #: Permit #: Driller: Driller: Driller: Driller: Driller: Driller: Bate completed: 3 - 14 - 08 This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the Well Owner Information					
City /State Telephone No. (262) 234-65	S 38655 Zip Code	Latitude: Method of Lat/Long (circle one	Longitude:): Conventional Survey, held GPS, Survey-grade GPS Twn7_SRng2 W Nearest Town		
Pump Type Circle onePower Type Circle oneAir LiftJetSubmersibleBucketPistonTurbineBucketPistonTurbineCentrifugalRotaryFlowing WellOther (specify):Date Pump Installed: $3 - 14 - 6 X$ Rated Pump Capacity:10Gallons Per MinuteNumber of Stages:					
Static Water Level (A): <u>70</u> Feet Bel Pumping Water Level (B):Feet Bel Drawdown [(B) – (A)]:Feet Bel Test Pumping Rate:Ga	Method of Measuring Water Level				
HEREBY CERTIFY that the above statements are true to the best of my knowledge. Leaper Dr. 11:09 # 0079 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer					

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APR 0 9 2008 BY: OLWR