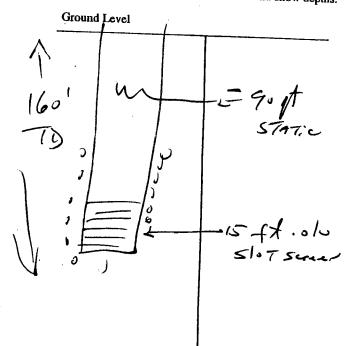
1 4	State Well Report		
County: LA-fayette	Part 1	For Office Use Only:	
Permit #:	Mississippi Department of Environmental Q	Quality Aquifer:	
Driller: Leeper Drilling	Office of Land and Water Resources P.O. Box 10631	Well #: 6-96	
	Jackson, MS 39289-0631		
Date drilling completed: 5-3 •7	(601)961-5210	L. S. Elevation:	
	(601)354-6938 (fax)	E-log #:	
State Law requires that this rep	ort be prepared by the driller in detail and of the well.	filed with the Densed of the test	
30 days of completion of drilling Well Owner Information	of the well.		
		Well Location	
Owner Name Andy Jorne	Construction Latitude:	_''' Longitude:'	
Mailing Address: 20 t # 3	Method of Lat/Long (circle one): Conventional Survey,	
Archorage	IGAX EIN I		
OV.(-) M	USGS quad, Ha	USGS quad, Hand-held GPS, Survey-grade GPS	
City Stat	$\frac{3}{2} \frac{38655}{2ip Code} = \frac{14}{14} \frac{14}{14} \frac{14}{5e}$	<u>24 Twn 85 Rng 4W</u>	
Telephone No. (601-) 310 - 02		not of Nearest Town	
	Well Data		
Purpose of Well (circle one) Home] Indu	strial Dubli o		
Date well drilling started	strial Public Supply Irrigation Fish Cul	ture Other:	
160 ····································	Date well drilling completed:	5/3./.7	
a second regulation. Valy	Conter (describe)		
Static Water Level:feet abo	ve or below (circle one) land surface Date mean	- 12.1 -	
Method of Measurement (circle one) (stee	I tape electric tape air line other:	sured: <u>5/3//01</u>	
Hole depth: / Go At Well depth	i l'e st		
Type of grout (circle one): Cement	Well grouted to a deput	th of // feet	
e (and end). Content	Bentonite (Mix)		
Casing length: <u>195</u> feet Casing	diameter: inches Type of casi	ing: Puc	
Screen length: <u>/S</u> feet Screen	diameter: 4 inches Type of some	PVC	
Creen slot size: <u> </u>	Setting depth: Fromfeet to	161.	
Type of completion (circle all applicable):	ravel packed	//ufeet	
FFinition).	ravel packed Underreamed Telescoped	Open hole Natural Development	
그는 동안은 것 수가 한 것 같아?	Other (describe):		
op of lap pipe or reduction in casing:	feet. If telescoped or more than on	e screen describe on book of	
ogs run (circle all applicable): No log run	Electric Gamma Ray Density Sonic Neutro	o betten, describe on back of page	
lame of organization running log(s):	Gamma Ray Density Sonic Neutro	on Other:	
certify that the well was drilled, construct	ed, and completed in a second		
Department of Environmental Quality and	ed, and completed in accordance with all applic or the Mississippi Department of Health regula	able requirements of the Mississippi	
	// me massaippi Department of Health regula	tions and state laws.	
Leeper Drilling #	··79		
rint Name of Water Well Contractor and Lice		der 1	
	Signatu	re of Water Well Contractor	

JUL 0 2 2007 BY: OLWR If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
Top Red Clay	0	70
Red Sard	10	20
Bran Sand	20	80
Inhite Sard	80	760

96-96

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; AucHORAGE Rund 1X - Nel ome Ndy FormEA Construction Landowner Name: Signature of Water Well Contractor

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RECEIVED

County: Afayettt Pump Ins Permit #: Mississippi Deg Office of Driller: <a>eper >:11:-9 Date completed: <a>s -31-07 Jack	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. (601) 310 - 0210	Distance Direction Nearest Town Miles of ~
Pump Type Circle one Air Lift Jet Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify):	Power Type Circle one Diesel Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify):
Pump Test Data Date Well Tested: 5-3/-01 Static Water Level (A): Test Below Land Surface Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface Cest Pumping Rate: Gallons Per Minute Duration of Pump Test (minimum 4 hours): hours	Method of Measuring Water Level Circle one Air Line Electric Measuring Line Steel Tape Other (specify):
HEREBY CERTIFY that the above statements are true to the best eeper (r,11; -5 + 0.75) rint Name of Pump Installer and License No. (if applicable)	

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