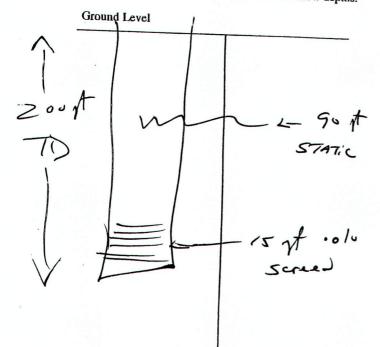
State V	Vell Report			
County: CH faileTTE	Part 1 For Office Use Only:			
Permit #: Mississippi Departme	nt of Environmental Quality Aquifer:			
Office of Land	and Water Resources Box 10631 Well #: <u>6-97</u>			
Jackson M	MS 39289-0631			
(601)	961-5210 L. S. Elevation:			
	E-log #:			
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.	driller in detail and filed with the Department with in			
30 days of completion of drilling of the well. Well Owner Information				
Owner Name George Webb	Well Location			
	Latitude:' Longitude:'			
Mailing Address: Hiway 6 West	Method of Lat/Long (circle one): Conventional Survey,			
Oxfred MS 3865	USGS quad, Hand-held GPS, Survey-grade GPS			
Oxfred MS 38655 City State Zip Code	<u>'4 14 Sec 21 Twn & S Rng 4 W</u>			
Telephone No. (662) 640 - 2495	Distance Direction Nearest Town 			
Well Data				
Purpose of Well (circle one Home Industrial Public Supply Irrigation Fish Culture Other:				
Date well drilling started: $6 - 8 - 07$ Date well drilling completed: $6 - 8 - 07$				
If flowing, method of flow regulation: Valve Other (describe)				
Static Water Level: 70 feet above or below (circle one) land surface Date measured: 6-9-07				
Method of Measurement (circle one) steel tape electric tape air line other:				
Hole depth: <u>200</u> Well depth: <u>200</u> Well grouted to a depth of <u>10</u> feet				
Type of grout (circle one): Cement Bentonite (Mix)				
Casing length: 185 feet Casing diameter: 4" inches Type of casing: PVC				
Screen length:				
Screen slot size: <u>')</u> inches Setting depth: From <u>185</u> feet to <u>200</u> feet				
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)				
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and (an the Minister of the Mississippi				
#				
Leaper Drilling # 0079	- Roman			
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor			

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



	5	. 1 .	
Description of Formations Encountered	-	From	To
Red C/4 y		0	20
Bow SAL		2.	80
white 54- e		80	20

6-97

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; - Hiway 6 went E Well I IX OME Sevrge Landowner Name: Signature of Water Well Contractor RECEIVED

JUL 0 2 2007 BY: OLWR

County: A fa fa fa fa Permit #: Miss Driller: Drilling Date completed:	STATE WELL REPORT Part 2 Pump Installer's Completion Report issippi 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 #: 6-97 Elevation:	
installation of pump.	installer in detail and filed with the Department within 30 days of the	
Owner Name: Jeorge Webb	Latitude:	
Mailing Address: Hiway 6 Wert	Latitude:Longitude: Method of Lat/Long (circle one): Conventional Survey,	
Oxford MS City State 2 Telephone No. (662) 640 - 2495	USGS quad, Hand-held GPS, Survey-grade GPS $4 - 4$ Sec 27 Twn 5 Rng 4ω Distance Direction Nearest Town	
	Miles of OX	
Pump Type Circle one Air Lift Jet Bucket Piston Bucket Piston Centrifugal Rotary Cher (specify):	Setting Desch Disset Engine Gasoline Engine Natural Gas Bicset Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Well Windmill Other (specify): Horse Power Rating of Motor: 140	
Date Well Tested: 6-9-07 Static Water Level (A): 90 Feet Below Land Pumping Water Level (B): Feet Below Land Drawdown [(B) - (A)]: Feet Below Land Test Pumping Rate: Gallons Per Duration of Pump Test (minimum 4 hours): Gallons Per	I Surface Other (specify):	
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Print Name of Pump Installer and License Not (if applicable) Signature of Pump Installer		

JUL 0 2 2007 BY: OLWR