remit #:	Office of Land and Million men	tal Quality Aquifer:		
Driller: Leapar Drillia	Office of Land and Water Resour	well #: <u>E - 105</u>		
Driller:	P.O. Box 10631	Well #:		
Date drilling completed > 45 mg/	Jackson, MS 39289-0631			
Date drilling completed: 3-15-08	(601)961-5210	L. S. Elevation:		
	(601)354-6938 (fax)	, n		
Otat Y		E-log #:		
State Law requires that this repo	ort be prepared by the dellar in detail			
30 days of completion of drilling	of the well	and filed with the Department within		
Well Owner Information	tion T			
10 11		Well Location		
Owner Name Anthony W) alto a live.			
Mailing Address: #2				
	Method of Lat/Lo	ong (circle one): Conventional Survey,		
0 4 6 1 44	USGS quad	, Hand-held GPS, Survey-grade GPS		
Oxford MS City State	386556			
City State	Zin Code	Sec 21 Twn 85 Rng 4W		
Telephone No. 663 513-4	Diag.			
relephone No. (265) 3/3-4	409 Distance	Direction Nearest Town of 0 × for 4		
	Miles _	of oxford		
	Well Data			
Dungara Carra and a				
Purpose of Well (circle one) Home Indus	strial Public Supply Injection 70	_		
D-1 11 - 1111	strial Public Supply Irrigation Fish	Culture Other:		
Date well drilling started:	Data well detur			
Date well drilling started: 3-15-8 Date well drilling completed: 3-15-8				
If flowing, method of flow regulation: Valve Other (describe)				
Other (describe)				
Static Water Level:feet above	/c or below Oricle one) land and			
Static Water Level:feet above or below (circle one) land surface Date measured:				
mediculor Measurement (circle one) steel to				
Holo death (Choice One) steel tape electric tape air line other:				
Well depth: 170 1/2 Well growted to a day of				
Hole depth: Well depth: Well grouted to a depth of / U feet Type of grout (circle one): Cement Reserveit				
Type of grout (circle one): Cement Bentonite (Mix)				
Casing length: /55 feet Casing diameter: 4 inches Type of casing: PVC				
Screen length:				
Screen length:				
Sorren blas st				
Type of completion (circle all applicable): G	Served 1 1 November 2			
t (value all applicable), (Underreamed Telescoped	l Open hole Natural Development		
	Othon (down it)	- Total Pintolik		
	Other (describe):			
Top of lap pipe or reduction in casing:	E VA. b			
	reet. If telescoped or more tha	m one screen, describe on back of page		
Logs run (circle all applicable): No log run	Electric Gamma Barro B	- Page		
, ,	Social Candida Ray Density Sonic N	leutron Other:		
Natile of organization minning log(s).		3		
l certify that the well was drilled, constructe	d. and completed in coord			
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				
the wississippi Department of Health regulations and state laws				
/ -> 11 #	/-	Tario.		
Leaper Dr. Iling #0079	/A			
		Leia \		
Print Name of Water Well Contractor and Lice	nse No.	Spature of Water Wall C		
	318	mature of Water Well Contractor		
	 			

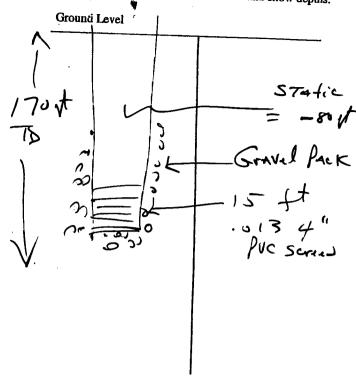
State Well Report
Part 1

LA fayette

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For Office Use Only:

APR 0 9 2008



Description of Formations Encountered	From	То
Red Clay	0	76
Red Sand	/5	30
Brown Squa	30	70
White Sand	70	170

If more than one screen, show location of each on sketch

Well _> [X]

Home

Landowner Name:

Signature of Water Well Contractor

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APR 0 9 2008

BY: OLWR

STATE WELL REPORT

Driller: _

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

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#: E-105	 -
Elevation:	

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the Well Owner Information Owner Name: Anthony Walton Well Location _____Longitude:__ Mailing Address: # ≥ c ≥ / 7 / Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS 14 Sec_ 21 Twn & S Rng 4 W Distance Telephone No. (663 513 - 4409 Direction Miles W of 0x for d Pump Type Power Type Circle one 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: 34 HP Date Pump Installed: 3-17-0 Setting Depth: /2. Rated Pump Capacity: _____ / O ____ Gallons Per Minute Number of Stages: ____ (\ Pump Test Data Method of Measuring Water Level Date Well Tested: 3-17-08 Circle one Static Water Level (A): ______For Below Land Surface Air Line Electric Measuring Line Steel Tape Pumping Water Level (B): _____Feet Below Land Surface Other (specify): _ Drawdown [(B) - (A)]: ______Peet Below Land Surface For flowing well, measured shut in head: Test Pumping Rate: _____Gallons Per Minute Well yielded ______GPM with a drawdown of Duration of Pump Test (minimum 4 hours): _____hours ____feet after ____hours of pumping I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Leeper Drilling # 0079

Signature of

ump Installe

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APR 0 3 2008

RY: OLWR