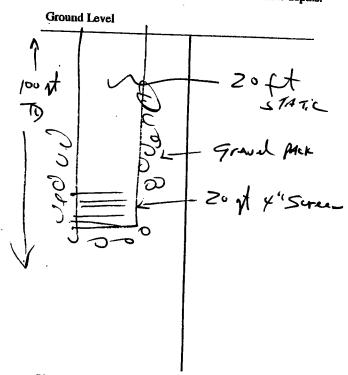
	n State V	Vell Report		
County: 4 a vilte		Part 1	For Office Use Only:	
Permit #:	Mississippi Departmen	nt of Environmental Quality	Aquifer:	
Driller: Leeper Drilling	Office of Land and Water Resources		F- 100	
Driller: Lex per Drilling		Box 10631	Well #:	
Date drilling completed: /0/31/07	Jackson, N	AS 39289-0631)961-5210	L. S. Elevation:	
		4-6938 (fax)	R log #	
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 Owner Information			Location	
Owner Name Jay Green				
Mailing Address: 2 CR 2017		Latitude:	" Longitude:"	
Maining Address: 2 CR 2011		Method of Lat/Long (circle on	e): Conventional Survey,	
ON I ON MS		USGS quad, Hand-held GPS, Survey-grade GPS		
City / State Zip Code			Twn gs Rng 3W	
Telephone No. (662) \$32 - 7987		Distance Direction	Nearest Town of Oxford	
	Well I			
Purpose of Well (circle one Home Industrial Public Supply Irrigation Fish Culture Others				
Date well drilling started: 10-31-07 Date well drilling completed: 10-31-07				
It howing, method of flow regulation: Valve Other (describe)				
Static Water Level: Zo feet above or below (circle one) land surface Date measured: 10-31-07				
Method of Measurement (circle one) steel tape electric tape air line other				
Hole depth: / OO Well depth: / OO Well grouted to a depth of _ / Ofeet				
Bentonite (Mix)				
Casing length: <u>80</u> feet Casing diameter: 4" inches Type of casing:				
Screen length: 20 feet Screen diameter: 4" inches Type of screen: Pu				
Screen slot size: 10(5 inches Setting depth: From 80 feet to 100				
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development				
Other (describe):				
1 op of lap pipe or reduction in casing:feet. If telescoped or more than one screen, describe on book of page				
Logs full (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:				
Maille Of Offenitation funning log(e).				
I certify that the well was drilled, constructed, and completed in accordance to the				
White Quality and/or the Mississippi Department of Hoolth and Little				
the per Jr. Iling # 0079				
Print Name of Water Well Contractor and License No.				

Signature of Water Well Contractor

NOV 2 3 2007

BY: OLWR



Description of Formations Encountered	From	To
	•	40
white Sand		1
White Sand	14	100

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 aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the distribution.	nt may
4) indicate direction. Will indicate direction.	e well;
CR 2017	
Landowner Name: A Green	

Signature of Water Well Contractor

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STATE WELL REPORT

Part 2

County:

Permit #:

Date completed: _/O -

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#:	- 180	
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:	Well Location			
	Latitude:Longitude:			
Mailing Address: 2 CR 2017	Method of Lat/Long (circle one): Conventional Survey,			
2011	USGS quad, Hand-held GPS, Survey-grade GPS			
City State Zip Code	1/4 Sec/1 7 Wn 2 5 _ Rng 3 W			
Telephone No. (662) 532-7987	Distance Direction Nearest Town			
Telephone No. (662) 832 - 7987	Miles of Oxford			
Ритр Туре				
Circle one	Power Type 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):	1			
Date Pump Installed: 10-31-0	Horse Power Rating of Motor: 34			
	Setting Depth:fcct			
Rated Pump Capacity:Gallons Per Minute	Number of Stages: / (
Pump Test Data	Made 1 CV			
Date Well Tested:/0 - 3/- 37	Method of Measuring Water Level Circle one			
Static Water Level (A): Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape			
Pumping Water Level (B):Feet Below Land Surface	Other (specify):			
Drawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet			
Test Pumping Rate:Gallons Per Minute	Well yieldedGPM with a drawdown of			
Duration of Pump Test (minimum 4 hours):hours				
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 6D			
(approaute)	Signature of Pump Installer			

NOV 2 9 2007

BY: OLWA