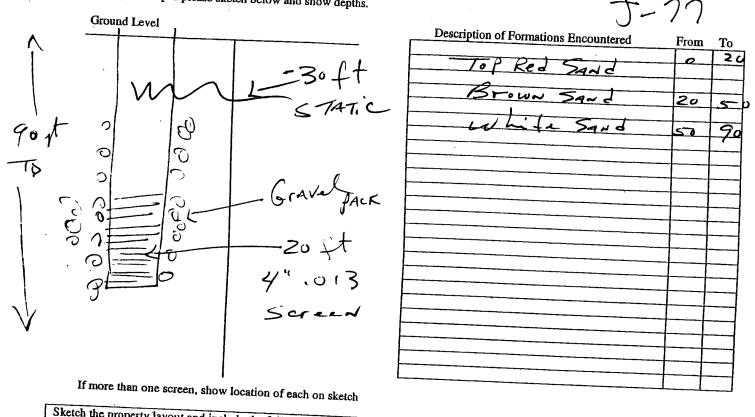
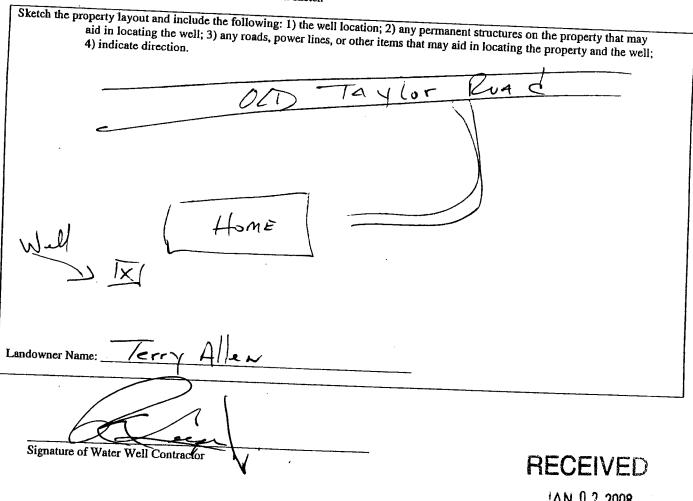
	State Well Report		
County:Afayette	Part 1	For Office Use Only:	
, , Mississippi	Department of Environmental Quality		
los X III 10	e of Land and Water Resources P.O. Box 10631	Well #: 5-11	
Driller: <u>Leeper ()rillio</u>	Jackson, MS 39289-0631	L. S. Elevation:	
Date drilling completed: _// 30/07	(601)961-5210		
	(601)354-6938 (fax)	E-log #:	
State Law requires that this report be prepa		with the Department with	
30 days of completion of drilling of the well. Well Owner Information		ell Location	
Dwner Name Terry Allen	Latitude:	'' Longitude:°'_	
Mailing Address: 485 CR 303		one): Conventional Survey,	
		eld GPS, Survey-grade GPS	
OXf.id MS 38 City State Zip		14 14 Sec 14 Twn_ 95 Rng_ 4L	
City State Zip	Code	,	
Celephone No. (662) 816 - 7317		of <u>OX</u>	
	Well Data		
Purpose of Well (circle one) Home Industrial Pub	lic Supply Irrigation Fish Culture	Other:	
Date well drilling started: 3u v7	Date well drilling completed:	11-30-07	
f flowing, method of flow regulation: Valve	Other (describe)		
Static Water Level:feet above or below	(circle one) land surface Date measure	d: 12-1-07	
Method of Measurement (circle one) steel tape			
Hole depth: 90 1 Well depth:90		f <u>//</u> feet	
Type of grout (circle one): Cement Bentonite	· - ·		
Casing length:	<u>4</u> 'i inches Type of casing	. Prc	
Screen length: <u>20</u> feet Screen diameter: _	<u>4</u> inches Type of screen:	pue	
Screen slot size: <u>• • 1 3</u> inches Setting de	,		
Type of completion (circle all applicable) Gravel pack		en hole Natural Developmen	
Other (desc	cribe):		
Fop of lap pipe or reduction in casing:	feet. If telescoped or more than one s	screen, describe on back of pag	
ogs run (circle all applicable): No log run Electric	Gamma Ray Density Sonic Neutron	Other:	
Name of organization running log(s):			
certify that the well was drilled, constructed, and con			
Department of Environmental Quality and/or the Mis		ons and state laws.	
Leeper Drilling #007	9 125	Level 1	
Print Name of Water Well Contractor and License No.	Signature	e of Water Well Contractor	
		RECEIVED	
		JAN 8 2 2008	
		BY: OLWR	

If well telescopes please sketch below and show depths.





JAN 0 2 2008 BY: OLWR

	STATE W	ELL REPORT	
County: <u></u> Permit #: Driller: <u></u> Date completed: <u></u> This report should be prepared by the	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) he pump installer in detail and filed with the Departmen		For Office Use Only: Aquifer: Well #: Elevation:
installation of pump. Well Owner Information	pump instance in deta		
Owner Name: Terry Allen	,) Well		Location
Mailing Address: 445 CR	027		Longitude:
City State Telephone No. (62 G16 - 73	<u>5 3865</u> Zip Code	Method of Lat/Long (circle one USGS quad, Hand- 44 Sec_14 Distance Direction Miles of	held GPS, Survey-grade GPS Twn_ <u>9S</u> Rng_ <u>4</u> W Nearest Town
Pump Type		Powe	er Type
Circle one			t Type te one
	Submersible	Diesel Engine Gasoline	Engine Natural Gas
	Turbine	Electric Motor Hand	Tractor PTO
	Flowing Well Windmill Other (specify):		
Other (specify):	Horse Power Rating of Motor: 1/2 HP		1/2 HP
Date Pump Installed: 12-1- Rated Pump Capacity: 20 Gate		Setting Depth:70 Number of Stages:11	
Pump Test Data			
Date Well Tested: / Z - / - v -	Method of Measu		ring Water Level
Static Water Level (A):SoFee Be		Air Line Electric Measur	ing Line Steel Tape
Pumping Water Level (B):Feet Bel	\sim		
Drawdown [(B) – (A)]:Feet Bel		For flowing well a	
Test Pumping Rate:Ga			
Duration of Pump Test (minimum 4 hours):		feet after	
I HEREBY CERTIFY that the above statements $\angle EEPER DRILING +$ Print Name of Pump Installer and License No. (4 0079		7
RECEIVED			
			IAN 0 2 2008

BY: OLWP