	Office of Land Arrivanmental Quality		Aquifer:			
Driller: Leeper Drilling	Office of Land and Water Resources					
D. 100	P.O. Box 10631		Well #: K- 38			
Date drilling completed: 10/23/68	Jackson,	MS 39289-0631	_			
/ / /	(00)	1)961-5210	L. S. Elevation:			
State Law regular	(001)3	54-6938 (fax)	E-log #:			
30 days of completion of him	rt be prepared by the	l Adrillan in Jakati — a a a				
State Law requires that this repo 30 days of completion of drilling Well Owner Informat	of the well.	o di mei m detall and filed wi	ith the Department within			
\ \	ion					
Owner Name Real		Well Location				
Mailing Address: Old River Road		Latitude:	" Longitude:			
War Road		Mala	Longitude:			
		Method of Lat/Long (circle one): Conventional Survey			
7.1		USGS and T	on our vey,			
City State	38673	USGS quad, Hand-held GPS, Survey-grade GPS				
City State	Zin Code					
Telephone No. 601) 672 - 4			Iwn 75 Rng SW			
	431	Distance Direction	Nearest Town			
		Distance Direction 2 Miles 5 6 of	TAYLOR			
Purpose of Wall	Well I	Data				
Purpose of Well (circle one) Home) Indust	rial Public Supply	• •				
Date well drilling started:	- /	Irrigation Fish Culture O	ther:			
/ 5/ :	23/58 Date w	ell drilling complete a				
Date well drilling started: / 0/3 If flowing, method of flow regulation: Valve Static Water Level:		and drining completed:	23/08			
Charle TY.	Other (de	scribe)	/			
Static Water Level:feet above	Of below (sind					
Static Water Level:						
Method of Measurement (circle one) steel tape) electric tape air line other:						
Hole depth:						
Hole depth: Well depth: Well grouted to a depth of feet Type of grout (circle one): Cement Bentonite (Min.)						
Type of grout (circle one): Cement B	entonite (Mix)	a a depth of	feet			
Casing length: /5 feet Casing diameter: / inches Type of casing: //C						
Screen length: /5 feet Screen di //						
Screen diameter: 4						
miches Setting denth. D.						
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole No. 19						
Gravei packed / Underreamed Telescope						
,	ner (describe):	ned Telescoped Open hole	Natural Development .			
Ton of len pine	ier (describe):		j			
rop of tap pipe or reduction in casing:	feet. If telese	anad an				
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):						
January Canina Ray Density Continue						
Name of organization running log(s):						
recently that the well was drilled, constructed and the second se						
I 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 Department of Health year.						
LEEPER Drilling #0079						
Print Name of Water Well Contractor and License	No.	9:				
		Signature of Water	Well Contractor			

State Well Report
Part 1

County: LA fayette

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For Office Use Only:

OCT 3 1 2008

BY: OLWR

From

Groppd Level		T
		Description of Formations Encountered
'/` .		/op C/Ay
	. 0	
1 31 12 12	- × + × =	White SAND
1 11 75	-5 fx = 57ATIC	
1 11 h	STATIC	
2.		
30	,	
	gravel	
	DALL	
19 T-31	1	
1 0 - 16	1 - C t 1/3	
1 1-	A +7013	
0)=	Screen Screen	
3000	392	
	1	
•		
	l i	
If more than one	ı L	
If more than one screen, show	v location of each on sketch	

Sketch the property layout and include the following: 1) the well location; 2) any per aid in locating the well; 3) any roads, power lines, or other items that n 4) indicate direction.	manent structures on the property that may nay aid in locating the property and the well;
	HOME SITE
	SITE
GATE	[X] wall
Est Zwer R	oa L
Landowner Name: hha Reed	·

Signature of Water Well Contractor

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OCT 3 1 2008

BY: OLWR

STATE WELL REPORT

Part 2

County:

Permit #:

Date completed:

Driller:

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

For Office Use Only:		
Aquifer:		
Well #: K-38		
Elevation:		

(6	501)354-6938 (fax)	771		
This report should be prepared by the pump installer in installation of pump. Well Owner Information	(lax)	Elevation:		
installation of pump.	detail and filed with the Department	within 30 days and		
Well Owner Information				
Owner Name: John Rud		Location		
Mailing Address () 2 / 2	Latitude:1	Oneitata		
Mailing Address: Old River Road	Man	_ongitude:		
	Method of Lat/Long (circle one)			
City State Zip Code	USGS quad, Hand-h	eld GPS, Survey-grade GPS		
City / State Zip Code	¼¼ Sec ₹ 6	Twn 9 5 Rng 3 41		
Telephone No. (601) 672 - 4451	Distance Direction	Nearest Town		
	Z_Miles SE of_	TAYLOR		
Pump Type				
Circle one	Power	Tune		
Air Lift To	Circle	: one		
Jet Submersible	Diesel Engine Gasoline B			
Bucket Piston Turbine	- I - I - I - I - I - I - I - I - I - I	ngine Natural Gas		
Cent-if1	Electric Motor Hand	90		
Rotary Flowing Well	West in	Tractor PTO		
Other (specify):	Other (spec	ify):		
Date Pump Installed: 10 - 24 - 08	Horse Power Rating of Motor:	3/4 48		
	Setting Depth: 28	feet		
Rated Pump Capacity: /3 Gallons Per Minute				
	Number of Stages:/!			
Pump Test Data				
Date Well Tested: 10/24/08	Method of Measuri	ng Water Level		
Provide National Control of the Cont	Circle o	ne		
Static Water Level (A): Feet Below Land Surface	Air Line Electric Measuring			
umping Water Level (B):Peet Below Land Surface	Other (specify):			
Orawdown [(B) – (A)]:Feet Below Land Surface				
est Pumping Rate:Gallons Per Minute	For flowing well, measured shut in h			
Ouration of Pump Test (minimum 4 hours):hours	Well yieldedGPN	M with a drawdown of		
hours hours	feet after	hours of pumping		
HEDERY CONTROL				
HEREBY CERTIFY that the above statements are true to the best of my knowledge.				
rint Name of Pump Installer and License No. (if and license No. (i				
(- Albironoic)	Signature of Pump Installer	· V		

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OCT 3 1 2008

BY: OLWR