10 4	State	well Report	
County: Lafayette		Part 1	For Office Use Only:
Permit #:	Mississippi Departme	ent of Environmental Quality	
1	Office of Land	and Water Resources	Aquifer:
Driller: Leeper Drilling	P.O.	Box 10631	Well #:
		MS 39289-0631	
Date drilling completed: 6-4-07	(60)	1)961-5210	L. S. Elevation:
	(601)3	54-6938 (fax)	
State I			E-log #:
State Law requires that this repo	ort be prepared by th	e driller in detail and filed	: Al
So days of completion of drilling	of the well.	m detail and filed w	ith the Department within
Well Owner Informa		Well	Location
Owner Name / Ammy Parks			
		Latitude:	" Longitude:°"
Mailing Address: CR 424		1	
		Method of Lat/Long (circle on	e): Conventional Survey,
		I.	
OV(-1 M	5 301 ==		GPS, Survey-grade GPS
City City State	- 38635	¼¼ Sec / 3	Twn 10 5 Rng 3W
Stat	Zip Code	1	
Telephone No. (62) 832-7	297	Distance Direction	Nearest Town
		MilesMiles	of ox
	Well	Data	
Purpose of Well (circle	Well !	Data	
Purpose of Well (circle one) Home Indu	strial Public Supply	Irrigation Fish Culture	Other
Date well drilling started:	. 7	o antaro	Other:
	Date	well drilling completed:	4-07
If flowing, method of flow regulation: Valve	Othor (4		
Out We -	Onici (a	escribe)	
Static Water Level:feet abo	ve of below (circle one) 1	and surface Data	1 = -
Method of Measurement (-)		Date measured:	6-3-01
Method of Measurement (circle one) (stee	l tape) electric tape	air line other:	
Hole depth: 370 Well depth	270 t		
Wen depti	3/01/	Well grouted to a depth of	/ o feet
	Bentonite (Mix)		
Casing length:feet Casing	diameter: 4"	inches Type of casing: f o	
	diameter: 4	_inches Type of screen:	<i>,</i> (
Screen slot size:inches		350 feet to 37	
Type of complete of the first			feet
Type of completion (circle all applicable):	Gravel packed Underre	eamed Telescoped Open ho	la New ID
		open no	le Natural Development
	Other (describe):		
Top of lap pipe or reduction in casing:	fact TEALL		
		scoped or more than one screen	, describe on back of page
Logs run (circle all applicable): No log run	Electric Gamma Ray	Density Sonia Neutra	
Name of organization		Zensiej Bonie Rediton Off	ier:
Name of organization running log(s):			1
I certify that the well was drilled, constructed Department of Environmental Quality and	ea, and completed in acc	cordance with all applicable req	uirements of the Mississippi
Department of Environmental Quality and/	or the Mississippi Depar	rtment of Health regulations and	detate laws
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	#	Sumports and	State laws.
Leeper Drilling =	0079	6	
Print Name of Water Wall Co.			- Legen
Print Name of Water Well Contractor and Lice	ensę No.	Signature of Wa	iter Well Contractor
			Contractor 4

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Ground Level	
370'	2. ptl. SIOT SURE

Description of Formations Encountered	From	То
Top bumbi	0	20
	1-2-	20
Soft Gray Clay	20	70
Blackish clay	70	25
Silty Clay	250	3.
5:11 y 5a-d	300	3.
	 	
Gray Sand	ححح	37
(fine)	ىدى≲	37
(fine)	350	37
(fine)	30	37
(fine)	30	37
(fina)	30	370
(fine)	350	37

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; 4) indicate direction.
Mobile
well >1x
424
andowner Name: / Ammy Parks

Signature of Water Well Contractor

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STATE WELL REPORT

Permit #:

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

	For Office Use Only:
Aquife	r:
Well #:	

(60	01)354-6938 (fax) 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	uctan and filed with the Department within 30 days of the
Owner Name: /AMMy Parks	Well Location
1- (MANY PAYKS	
Mailing Address: CR 424	Latitude:Longitude:
	Method of Lat/Long (circle one): Conventional Survey,
-OX+ of Mc 381	USGS quad, Hand-held GPS, Survey-grade GPS
City State MS 38655 Zip Code	44 Sec_/3 _Twn_/o S Rng_ 3ω
	Distance Direction Nearest Town
Telephone No. 663 832 - 7527	
	willes Suffer Oxford
Ритр Туре	
Circle one	Power Type
Air Lift Jet Submersible	Circle one
Bucket	Diesel Engine Gasoline Engine Natural Gas
Piston Turbine	Electric Motor
Centrifugal Rotary Flowing Well	Tractor PTO
Other (specify):	Windmili Other (specify):
	Horse Power Rating of Motor: 34 HP
Date Pump Installed: 6-5-07	Setting Depth:feet
Rated Pump Capacity:/ Gallons Per Minute	
	Number of Stages://
Pump Test Data	Malana
Date Well Tested: 6-5-07	Method of Measuring Water Level Circle one
tatic Water Level (A): // U Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape
rumping Water Level (B):Feet Below Land Surface	Other (specify):
Prawdown [(B) – (A)]:Feet Below Land Surface	
Feet Below Land Surface	For flowing well, measured shut in head:feet
est Pumping Rate:Gallons Per Minute	Well yieldedGPM with a drawdown of
uration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping
HEREBY CERTIFY that the above statements are true to the best o	
int Name of Pump Installer and Lieuway	it my knowledge.
int Name of Pump Installer and License No. (if applicable)	Q deen
In Traine of Funip Installer and License No. (if applicable)	Signature of Pump Pestallar

Signature of Pump Installer

JUL 0 2 2007 BY: OLWR