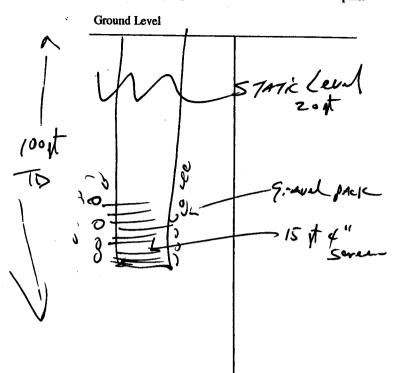
Coury:       Lady and the part is in the court of the part of		<b>State We</b>	ell Report	
Applier       Applier         Stiller       C = Q_A =	·County: Cajayatte		-	For Office Use Only:
Differ       Leggen       Lifting         Date diffing completed:       Lor Z of         P.O. Box 01631       Jackson, NS 39289-0631 (601)354-6938 (fax)         State Law requires that this report bo prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.       Well Well is in this report bo prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.         Well Owner Information       Well Owner Information       Well Constitute:         Well Owner Information       Well Constitute:       "         Well Owner Information       Well Contrecone       Well Constitute:		Mississippi Department	of Environmental Quality	Aquifer:
milling completed:       100-17-05-         Jackson, MS 3928-0631 (601796-13210       E. S. Elevation:         Be drilling completion of drilling of the well.       1000-13210         Well Owner Information       Well Location         Well Owner Information       Well Completion of Conventional Survey,         USGS quad, Hand-held GPS, Survey-grade GPS       4         Well Owner Information       Well Data         Darge of Well (circle one)       Industrial Public Surphy Irrigation       Fish Calture         Other (describe)				Well #: C : CC 9
Date drilling completed:       [0:01)961-S210         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 Docation         Well Owner Information       Well Control of drilling of the well.         Well Owner Information       Well Control of drilling of the well.         Well Owner Information       Well Location         Well Owner Information       Well Location         Well Owner Information       Well Control of drilling of the well.         Well Owner Information       Well Control of the well.         Well Owner State       Information         Well Owner Information       Well Control of the well.         Well Owner State       Information         Well Owner Information       Well Control of the well.         Well Owner Information       Well Control of the well.         Information       Well Control of the well.         Information       Well Control of the well.         Information       Well Owner Convergence IPS         Information       Well Control owell of the well.				÷
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39 gr of completion of drilling of the vell.       Well Location         Well Owner Information       Well Constituence		(601)354-	6938 (fax)	E-log #:
Well Owner Information       Well Owner Information         ware Name	State Law requires that this rep 30 days of completion of drilling	ort be prepared by the d	riller in detail and filed w	ith the Department within
ailing Address: $P.O \cdot B_{3} \times 2/34$ Method of Lat/Long (circle one): Conventional Survey, $O \times f_{0} \cdot J \longrightarrow 35637$ $O \times f_{0} \cdot J \longrightarrow 35637$ USOS quad, Hand-held GPS, Survey-grade GPS $O \times f_{0} \cdot J \longrightarrow 35637$ $V = 35637$ $V = 1000$ City $f \cdot J = 260$ $V = 1000$ $V = 10000$ $V = 10000$ $V = 100000$ $V = 100000000000000000000000000000000000$			Well	Location
USGS quad, Hand-held GPS, Survey-grade GPS $City$ $fistate$ $City$ $fistate$ $Zip$ Code $Uigtigggggggggggggggggggggggggggggggggg$	Owner Name	TTERSON	Latitude:°'	_" Longitude:''
$\frac{O \times f_{0} - J \text{ M} 5 \text{ Sites}}{City} = \frac{14}{9 \text{ State}} \frac{14}{240} + 4 \text{ Sec} \frac{3}{2} \text{ Twn} \frac{10^{3}}{10^{3}} \text{ Rng} \frac{10^{4}}{10^{4}}$ $\frac{14}{240} + 4 \text{ Sec} \frac{3}{2} \text{ Twn} \frac{10^{3}}{10^{4}} \text{ Rng} \frac{10^{4}}{10^{4}}$ $\frac{14}{240} + 4 \text{ Sec} \frac{3}{2} \text{ Twn} \frac{10^{3}}{10^{4}} \text{ Rng} \frac{10^{4}}{10^{4}}$ $\frac{14}{240} + 4 \text{ Sec} \frac{3}{2} \text{ Twn} \frac{10^{3}}{10^{4}} \text{ Rng} \frac{10^{4}}{10^{4}}$ $\frac{10^{4}}{200} \frac{10^{4}}{200} \frac{10^{4}}{1000} \frac{10^{4}}{10$	Mailing Address: P. D. Bos	× 2136	Method of Lat/Long (circle on	e): Conventional Survey,
elephone No. (622)       § 16-1260       Distance       Direction       Nearest Town         Well Data       arpose of Well (circle one       Home       Industrial       Public Supply       Irrigation       Fish Culture       Other:			USGS quad, Hand-held	GPS, Survey-grade GPS
elephone No. (622)       § 16-1260       Distance       Direction       Nearest Town         Well Data       arpose of Well (circle one       Home       Industrial       Public Supply       Irrigation       Fish Culture       Other:	City Stard	<u>4 5 38633</u>	1414 Sec_3	Twn 105 Rng 1W
Well Data         urpose of Well (circle one Hom)       Industrial Public Supply       Irrigation       Fish Culture       Other:		260	Distance Direction	of
$ \frac{1}{10} = \frac{10}{12} = 10$			ORD UNION	COMMUNITY
ate well drilling started: $10-17-05$ Date well drilling completed: $10-17-05$ flowing, method of flow regulation: Valve Other (describe) atic Water Level: $20$ feet above or below (circle one) land surface Date measured: $10-18-0.5$ ethod of Measurement (circle one) teel tape electric tape air line other: ole depth: $1004$ Well depth: $1004$ Well grouted to a depth of $10$ feet well grout (circle one): Cement Bentonite Mix asing length: $55$ feet Casing diameter: $4^{+1}$ inches Type of casing: $102$ creen length: $155$ feet Screen diameter: $4^{+1}$ inches Type of screen: $102$ feet were slot size: $010$ inches Setting depth: From $55$ feet to $100$ feet other (describe): feet. If telescoped or more than one screen, describe on back of page por of lap pipe or reduction in casing: feet. If telescoped or more than one screen, describe on back of page core of completion (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: ame of organization running log(s): certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississispil epartment of Eavironmental Quality and/or the Mississispil Department of Health regulations and state laws. $L \in ep E \subset 0 \cap 10 \circ \cdots$ field the mississispil Department of Health regulations and state laws. $L \in ep E \subset 0 \cap 10 \circ \cdots$ field the well Contractor and License No. BECCEIV				
flowing, method of flow regulation: Valve Other (describe)				
atic Water Level: $20$ feet above or felow (circle one) land surface Date measured: $10-18-c.$ tethod of Measurement (circle one) feel tape electric tape air line other:				
$\frac{1}{100 \text{ depth}} = \frac{1}{100  \text{feel tape}} = \text{electric tape}  \text{air line}  \text{other:} = \frac{1}{100  \text{feet}} = \frac{1}{100        $	If flowing, method of flow regulation: Val	lve Other (des	cribe)	······································
ole depth: $100 $ Well depth: $100 $ Well grouted to a depth of $10 $ feet yee of grout (circle one): Cement Bentonite Mix asing length: $55 $ feet Casing diameter: $4''$ inches Type of casing: $1VC$ recen length: $15 $ feet Screen diameter: $4''$ inches Type of screen: $9VC$ recen slot size: $010 $ inches Setting depth: From $85 $ feet to $100 $ feet yee of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development Other (describe):	Static Water Level: Zofeet ab	ove or felow (circle one) lan	ad surface Date measured:	10-18-05
vpe of grout (circle one):       Cement       Bentonite       Mix         asing length:	Method of Measurement (circle one)	eel tape electric tape	air line other:	
asing length: $\_$ Sisfeet Casing diameter: $\_$ 4''inches Type of casing: $\_$ 1/2 C creen length: $\_$ 1/5feet Screen diameter: $\_$ 4''inches Type of screen: $\_$ 1/2 C creen slot size: $\_$ 0/0feet Screen diameter: $\_$ 4''inches Type of screen: $\_$ 1/2 Cfeet vereen slot size: $\_$ 0/0feet Screen diameter: $\_$ 4''inches Type of completion (circle all applicable): Gravel packed Underrearned Telescoped Open hole Natural Development Other (describe):feet. If telescoped or more than one screen, describe on back of page bogs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: ame of organization running log(s): certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi epartment of Environmental Quality and/or the Mississippi Department of Health regulations and state laws. $\_$ $\_$ $\_$ $\_$ $\_$ $\_$ $\_$ $\_$ $\_$ $\_$	Hole depth: 100 / Well dep	pth: 100 /	Well grouted to a depth of _	/Ufeet
creen length: $15$ feet       Screen diameter: $4^{\prime\prime}$ inches       Type of screen: $PVC$ creen slot size: $010$ inches       Setting depth: From $ST$ feet to $100$ feet         opp of completion (circle all applicable):       Gravel packed       Underreamed       Telescoped       Open hole       Natural Development         opp of lap pipe or reduction in casing:       feet.       If telescoped or more than one screen, describe on back of page         ogs run (circle all applicable):       No log run       Electric       Gamma Ray       Density       Sonic       Neutron       Other:	Type of grout (circle one): Cement	Bentonite Mix	)	
creen slot size: $\cdot \circ / \circ$ inches       Setting depth: Fromfeet tofeet tofeet         creen slot size: $\cdot \circ / \circ$ feet       Underreamed       Telescoped       Open hole       Natural Development         correction (circle all applicable):       Gravel packed       Underreamed       Telescoped       Open hole       Natural Development         correction (circle all applicable):				
ppe of completion (circle all applicable):       Gravel packed       Underreamed       Telescoped       Open hole       Natural Development $Other$ (describe):	Screen length: <u>15</u> feet Scree	en diameter: <u> </u>	inches Type of screen:	pue
Other (describe):	Screen slot size: <u>• 0 / 0</u> inches	Setting depth: From	85 feet to 11	feet
$\frac{1}{10000000000000000000000000000000000$	Type of completion (circle all applicable):	Gravel packed Underrea	amed Telescoped Open	hole Natural Development
by srun (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: ame of organization running log(s): certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi epartment of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.		Other (describe):		
ame of organization running $log(s)$ :	Fop of lap pipe or reduction in casing:	feet. If teles	scoped or more than one scre	en, describe on back of page
certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi epartment of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.	ogs run (circle all applicable): No log run	n Electric Gamma Ray	Density Sonic Neutron	Other:
epartment of Environmental Quality and/or the Mississippi Department of Health regulations and state laws. $\angle EEpEC$ )r://i-c # 0075 int Name of Water Well Contractor and License No. Signature of Water Well Contractor RECEIV	Name of organization running log(s):			· · · · · · · · · · · · · · · · · · ·
LEEPER Drilling # 0079 int Name of Water Well Contractor and License No. Signature of Water Well Contractor RECEIV				
rint Name of Water Well Contractor and License No. Signature of Water Well Contractor RECEIV			tment of Health regulations	and state laws.
rint Name of Water Well Contractor and License No. Signature of Water Well Contractor RECEIV	LEEPER Drilling #	= 0079	_ 63	ene
			Signature of	Water Well Contractor
				RECEIVE
				NOV 1 200

BY: OLWP

If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	То
Topciay	0	20
2-70		
BROWN SAND		
BROWN SAND	20	71
1. (,		
White Sand	70	100
	<u> </u>	
		<b>  </b>
	<u> </u>	[]
	<u> </u>	
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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.

-Well Mobi atter Landowner Name:

Signature of Water Well Contractor

NOV 12 2005 BY: OLWF

Q-ccq

County: <u>LA fA y Me</u> Permit #: Driller: <u>Leeper Dr. 11</u>	Pump Installe	r's Completion Report	For Office Use Only:
	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)		Aquifer:
Driller: Leeper Dr. 11ing			Well #: C - 009
Date completed: 10-18-05			Elevation:
This report should be prepared by th installation of pump.		tail and filed with the Departmen	t within 30 days of the
Well Owner Informat		Well	Location
Owner Name: BRuce Fatherson		Latitude: Longitude:	
Mailing Address: J. O. Bux ZI3 (		Method of Lat/Long (circle one): Conventional Survey,	
	···· ··· ··· ·························	USGS quad, Hand	-held GPS, Survey-grade GPS
City State	Zip Code	¼¼ Sec_ <u>3</u>	$\underline{Twn} / o \leq Rng / W$
	-	Distance Direction	Nearest Town
Telephone No. $(66^2)$ § $16 - i$	260	12 Miles 5E or	f <u>Oxford</u> Ommunity
D			
Pump Type Circle one			ver Type rcle one
Air Lift Jet	Submersible	Diesel Engine Gasolin	e Engine Natural Gas
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO
Centrifugal Rotary	Flowing Well		specify):
Other (specify):		Horse Power Rating of Motor:	<u> </u>
Date Pump Installed: 10-18-05		Setting Depth:	feet
Rated Pump Capacity:/ J	Gallons Per Minute	Number of Stages: /	)
Pump Test Data			asuring Water Level
Date Well Tested: 10-18-0	5		rcle one
Static Water Level (A):Feat Below Land Surface		Air Line Electric Meas	
Pumping Water Level (B):Feet I	Below Land Surface	Other (specify):	
Drawdown [(B) – (A)]:Feet Below Land Surface		For flowing well, measured she	ut in head:feet
Test Pumping Rate:Gallons Per Minute		Well yieldedGPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):	hours	feet after	hours of pumping
I HEREBY CERTIFY that the above statem Leep-r Drilling Print Name of Pump Installer and License N	# 0079	of my knowledge Signature of Pump Ins	e

NOV 1 2005 BY: OLWR