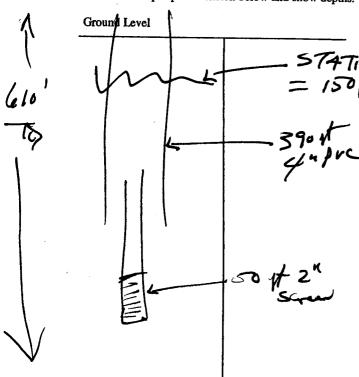
State Well Report						
County: LEE		art 1	For Office Use Only:			
Permit #:	Mississippi Department of Environmental Quality		Aquifer:			
	Office of Land and Water Resources		Well #: _D- 48			
Driller: LEEPER Drilling	P.O. Box 10631 Jackson, MS 39289-0631		WCII W.			
Date drilling completed: 11-17-05		961-5210	L. S. Elevation:			
		4-6938 (fax)	E-log #:			
State I am meanines that this way	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	ort be prepared by the of the well.	driller in detail and filed w	ith the Department within			
Well Owner Information		Well	Location			
Owner Name Rubert MCWhirter		Latitude: <u>34 • 24 • 55 "</u> Longitude: <u>88 • 46 • 17 "</u>				
Mailing Address: 620 B'Ham Ridge R		Method of Lat/Long (circle one): Conventional Survey,				
Sall4/2 1	/5	,	USGS quad, Hand-held GPS, Survey-grade GPS			
<u> </u>	te Zip Code	50 4 N W 4 Sec 16	Twn YS Rng 5			
	-	Distance Direction Miles	Nearest Town			
Telephone No. (62) 869-2		Miles	of <u>SA/7://</u> 5			
·	Well I)ata				
Purpose of Well (circle one) Home Ind	netrial Public Cumply	Imigation Fish Culture	O.I.			
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Date well drilling started:						
If flowing, method of flow regulation: Valve Other (describe)						
,						
Static Water Level:						
Method of Measurement (circle one) steel tape electric tape air line other:						
Hole depth: 6/0 # Well depth: Well grouted to a depth of feet						
Type of grout (circle one): Cement Bentonite (Mix)						
Casing length: 390 feet Casing diameter: 44 inches Type of casing: 90 C						
Screen length:						
Screen slot size: 10/0 inches Setting depth: From 560 feet to 610 feet						
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development						
Other (describe):						
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):						
Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.						
Leeper Drilling # 0079						
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor.						
		Orginature Of	Trace Well Collegetor			

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If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	То
701 C/4 y	0	2,
Blue Clay	2.0	300
CHACK	300	50
SILTY SAND	.SZU	ئى
51~ D	\$37	61
		\vdash

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 struct aid in locating the well; 3) any roads, power lines, or other items that may aid in location.	tres on the property that may ting the property and the well;
Landowner Name: Robert McWhirter	BITA I

Signature of Water Well Contractor

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DEC 15 2005

BY: OLWR

STATE WELL REPORT

Part 2
Pump Installer's Comp

LEE

County: _
Permit #:

Driller: _

Date completed: ___

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:	
Well #: D-48 Elevation:	

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.					
Well Owner Information			Well Location		
Owner Name: Robert McWhirter			Latitude:Longitude:		
Mailing Address: 620 B'Ham Ridge Rd			Method of Lat/Long (circle one): Conventional Survey,		
			USGS quad, Hand-held GPS, Survey-grade GPS		
SALFILLO MS			· -		
City State Zip Code			1/4 Sec 1 U Twn 8 S _ Rng 5 E		
11-	-1	_	Distance Direction Nearest Town		
Telephone No. <u>62</u> 869-2887					
Pump Type 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):			Horse Power Rating of Motor:		
Date Pump Installed: 11-21-05		,	Setting Depth: 210 feet		
Rated Pump Capacity:	12	Gallons Per Minute	Number of Stages:		
P	ump Test Data		Method of Measuring Water Level		
Date Well Tested:			Circle one		
Static Water Level (A): Fee 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			feet afterhours of pumping		
I 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 of Pump Installer					
rime ivanie of rump install	er and License No	o. (II applicable)	Signature of Pump Installer		

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DEC. 5 2005

BY: OLWF