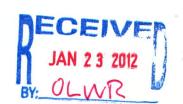
1	State V	Vell Report					
County: LEE		Part 1	For Office Use Only:				
Permit #:	Mississippi Departme	nt of Environmental Quality	Aquifer:				
Driller: Leeper Drilling	Office of Land	and Water Resources					
		Box 10631	Well #:E103				
Date drilling completed: _/2-2/-//	(601)	MS 39289-0631)961-5210	L. S. Elevation:				
	(601)35	64-6938 (fax)					
State Law requires that this ren			E-log #:				
State Law requires that this repo	of the well.	driller in detail and filed w	ith the Department within				
Well Owner Informa	tion	Wall	I and				
Owner Name Johnson		121 22 52	Location				
		Latitudes 79° 25, 35°	" Longitude: 88 38, 92 ,				
Mailing Address: 760 Hwy 363		Latitude 1 34° 22 . 836" Longitude: 88° 38 . 95", Method of Lat/Long (circle one): Conventional Survey,					
Saltillo Mc 3000		USGS quad, Hand-held GPS, Survey-grade GPS					
Salfillo MS 38864 City 'State Zip Code		SE 1/4 SE 1/4 Sec 1/4 15 Twn 85 Rng 6=					
Telephone No. (662) 869-5	Distance Direction		N				
Distance Direction Nearest Town 3 Miles 5 of 5a/4://o							
Well Data							
Purpose of Well (circle one) Home Industrial Public one							
	- and a done supply	Irrigation Fish Culture	Other:				
Date well drilling started: 12-14-11	Date w	ell drilling completed: /2- 2	21-11				
If nowing, method of flow regulation: Valve	Other (do	and last					
Static Water Level:feet above Method of Measurement (circle one)	ve or below (circle one) le	ad f					
Method of Measurement (circle one) stee	electric tane	nd surface Date measured:	12/22/11				
Hole depth: 420 1 Well depth	1: 420 st	air line other:	()				
Type of grout (circle one): Cement			feet				
Casing length: 37° feet Cooling discourse							
Solden diameter:inches Type of screen:							
Screen slot size: 1878 inches Setting depth: From 390 feet to 420							
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development							
	Other (describe):		Pillotti				
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:							
TIME OF OF PARTICULATION TURNING LOG(s).							
I certify that the well was drilled, constructed	ed, and completed in acco	ordance with all applicable					
Department of Environmental Quality and/o	or the Mississippi Depart	ment of Health road	urrements of the Mississippi				
1 + #	P. P. Papar	and of Health regulations and	state laws.				
Leeper Drilling #0079		552	201				
Print Name of Water Well Contractor and Lice	ensę No.	Signature of Wa	ter Well Contractor				
			Augeror				



· If well telescopes please sketch below and show depths.

	Ground Level					
			Description of Formations Encountered	From	To	
		C771-10 -	OP CIAY	0	1/5	_
1`	.	5747C=	Red 540d	15	20	
/	111	-16° M	Blue Clay	20	60	
/			ROCK + Shell	Go	90	
	1 1.	14 Dy. 0	Shell + SAV & (Cours)	90	200	
1 1	1 1	4" PUC CASing	CH-MI			
170	A l	^ '	CHAKIC	200	260	
720		ab l	Sildu de			
1	e l	De Gravelfick	JIM SANCE	260	329	
シ	KU KU	DE GRAVE JICK	5-12/5/			
	\times \sim \sim \sim \sim	α	2420 (Chittu)	325	42	צ
1	3 - 15	7		1		
<i>I</i>	8.) ₄₄			 	
- 1	P2-18	4 Screen		 	r	
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17						
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•		No.			$\neg \neg$	
		" " " " " " " " " " " " " " " " " " "				
	If more than					
	11 more man one scre	een, 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.

TAST HWY \$63

Landowner Name: The solution of the property that may aid in locating the property and the well;

Landowner Name: The solution of the property that may aid in locating the property and the well;

Signature of Water Well Contractor

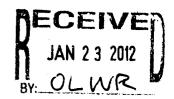
JAN 2 3 2012 BY: OLWR

) · · · · · · · · · · · · · · · · · · ·	CALLY (MILE) A.	KINDS W. W. W.		
	STATE	VELL REPORT		
County: Le e	Part 2		D 000	
Permit #:	Pump Installe Mississippi Departr	er's Completion Report nent of Environmental Quality	For Office Use Only:	
remu#;	Office of Lar	nent of Environmental Quality and Water Resources	Aquifer:	
Driller: Leapar Drilling	P.0	O. Box 10631		
Date completed: 12/22/11	Jackson	I, MS 39289-0631	Well#:E103	
. / 5 -/ 11	(601)	01)961-5210 354-6938 (fax)		
This report should be prepared by the installation of pump.	pump installer in de	etail and filed with the Daniel	Elevation:	
Well Owner Informati		with the Departmen	t within 30 days of the	
Comment of the commen		Well Location		
Owner Name: James Johnson Mailing Address: 760 Hwy 363		Latitude: H 34 22.85 Longitude: Ho 81 35.954		
Mailing Address: 760 Hwy	₹/ ₹	Latitude: 17 27 22 183 F Longitude: 40 81 38 , 954		
7, 4	36.3	Method of Lat/Long (circle one	e): Conventional Survey,	
< 1/11	Sulfi/lo MS 38866 City / State Zip Code		held GPS, Survey-grade GPS	
24/ti/10 MS	38866		mold Of 5, January-Riade GP2	
City / State	Zip Code	14 Sec 14	Twn & S Rng GE	
		Distance Direction		
Telephone No. (622) 869 - 57	(8	Direction Nearest Town 3 Miles of Sa/1://o		
		Miles of	Saltillo	
Duran T.				
Pump Type Circle one	-	Powe	ег Туре	
Air Tife			le one	
JEL	Submersible	Diesel Engine Gasoline	Engine Natural Gas	
	Curbine	Electric Motor Hand	Tractor PTO	
	Flowing Well	Windmill Other (sp	ecify):	
Other (specify):		Horse Power Rating of Motor:		
Date Pump Installed: /2/22/11				
Rated Pump Capacity:Gallons Per Minute		Setting Depth: 220	feet	
Ua Ua	llons Per Minute	Number of Stages: //		
Pump Test Data		Method of Man		
Date Well Tested: /2/22/"		Method of Measuring Water Level Circle one		
		- Caron		
	ow)Land Surface	Air Line Electric Measuri	ng Line Steel Tape	
Static Water Level (A):Feet Below	ow Land Surface			
Static Water Level (A):Feet Below Pumping Water Level (B):Feet Below Drawdown [(B) - (A)]:Feet Below Properties and the state of the state o	ow Land Surface	Air Line Electric Measuri Other (specify):		
Static Water Level (A):Feet Below	ow Land Surface ow Land Surface lons Per Minute	Air Line Electric Measuri	n head:feet	

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



_hours of pumping