······ /	State V	Vell Report	
County: MONROL			For Office Use Only:
	Part 1 Mississippi Department of Environmental Quality		-
Permit #:	Office of Land	and Water Resources	Aquifer:
Driller: League Drilling		Box 10631	Well #: <u>Q- 105</u>
· · · · ·		AS 39289-0631	•
Date drilling completed: 10-16-0 4)961-5210	L. S. Elevation:
·	(601)35	54-6938 (fax)	E-log #:
State Law requires that this rep 30 days of completion of drilling	ort be prepared by the	e driller in detail and filed w	ith the Department within
Well Owner Informa	tion	Well	Location
Owner Name Norman Litwi	llar		
			_" Longitude:°'
Mailing Address: Z40 CR	248	Method of Lat/Long (circle or	e): Conventional Survey,
	·	USGS quad, Hand-held	GPS, Survey-grade GPS
City M.	S 3FF5 / te Zip Code	¹ 4 ¹ 4 Sec_ <u>/9</u>	Twn 155 Rng 6E
Telephone No. 667 45-6-		Distance Direction Miles	Nearest Town of
	Well	L Data	
Purpose of Well (circle one) Home Inde			
Date well drilling started:			Other:
If flowing, method of flow regulation: Val			
Static Water Level:/0 &feet ab			10-17-06
Method of Measurement (circle one)			
Hole depth: 460 ft. Well dep	th: 460 ft.	Well grouted to a depth of	/0 feet
	Bentonite (Mix)		
Casing length: <u>360</u> feet Casing	g diameter: <u>4 4</u>	inches Type of casing:	Puc
	n diameter: <u>2 ^</u>	_inches Type of screen:	Pue
Screen slot size: <u>0 0</u> inches	Setting depth: From	420 feet to 460	feet
Type of completion (circle all applicable):	Gravel packed Underr	eamed Telescoped Open h	ole Natural Development
	Other (describe):		
Top of lap pipe or reduction in casing:	feet. If teld	escoped or more than one scree	D. describe on back of page
Logs run (circle all applicable): No log run	Electric Gamma Ray	Density Sonic Neutron O	ther:
raile of organization running log(e).			
I certify that the well was drilled, construct Department of Environmental Quality and	ted, and completed in ac	cordance with all applicable re	anirements of the 1st to a
Department of Environmental Quality and	Vor the Mississippi Depa	rtment of Health regulations	quinements of the Mississippi
Leeper Drilling # 0	079	of interior regulations an	arstate laws.
Print Name of Water Well Contractor and Li	cense No.	- <u> </u>	Leeper 1
	• • • • • •	Signature of W	ater Well Coninictor
			in politic in the province and the second
			NUT 2 4 2006

BY OLDE

Q-105 If well telescopes please sketch below and show depths. Ground Level Description of Formations Encountered From То TOP CLAV Zu ø 108 STATIC Blue C/4 2., 20 Silty 24 5and 24 360 ft 4" CHALK 240 400 ト SAN B 400 460 60 PALKERS 40 fx Server 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; Well Double-wide Mobile Hom Norman Litwiller Landowner Name: Signature of Water Well Contractor RECEIVED 001 2 4 2006

Permit #:	County MONGOL	Part 2	For Office Use Only:
Ditler: $Le - per Dr.! _{eq}$ Dotter: $PC.0$. Box 10631 Date completed: $IO-17-o.6$ 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 were information Well were information Owner Name: $Vorm + 2$ $Mailting Address:$ $Z \neq D$ $Creace 248$ Latitude: Mailting Address: $Z \neq D$ $Creace 248$ Method of Lat/Long (circle one): Conververgrade Gi $Telephone No. (Glet 2) = 45 C = 5875 K Latitude: Creace 0 = Relevert 1000000000000000000000000000000000000$		Mississippi Department of Environm	Report -
Date completed: $10-17-2$ 10000 Wall ff: $100-17-2$ 10000 100000 1000000 10000000 100000000000 $1000000000000000000000000000000000000$	Permit #:	Office of Land and Water Res	ical Quality Aquifer:
Date completed: $10-17-2$ 10000 Wall ff: $100-17-2$ 10000 100000 1000000 10000000 100000000000 $1000000000000000000000000000000000000$	Driller: Leaper Drilling	P.O. Box 10631	
(601)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 Installation of pump. Well Owner Information Owner Name: $\bigvee or m \neq u$ $i, T cu; i! ! q m$ Mailing Address: $Z \not = Q c r 2 \not = Q \not = Q r q m q m q m q m q m q m q m q m q m q$	1 1		Well #: 4 - 1 (
Well Owner Information Well Location Owner Name: $\square \circ m \land \square$ $(.i \land \sqcup)! \land \square$ Mailing Address: 240 $(.i \land \sqcup)! \square$ Mailing Address: $M \subseteq Sites \square I \square $			Elevation:
Well Owner Information Well Location Owner Name: $\square \circ m \land \square$ $(.i \land \sqcup)! \land \square$ Mailing Address: 240 $(.i \land \sqcup)! \square$ Mailing Address: $M \subseteq Sites \square I \square $	This report should be prepared by t		L
Owner Name: $\bigvee orm \rightarrow i$ $i \uparrow w \mid i \mid a_{m}$ Mailing Address: $Z \not = 0$ $Z \not = 0$ Mailing Address: $Z \not = 0$ $Z \not = 0$ Mailing Address: $Z \not = 0$ $Z \not = 0$ Mailing Address: $Z \not = 0$ $Z \not = 0$ Mailing Address: $Z \not = 0$ $Z \not = 0$ Mailing Address: $Z \not = 0$ $Z \not = 0$ Mailing Address: $Z \not = 0$ $Z \not = 0$ Mailing Address: $Z \not = 0$ $Z \not = 0$ Mailing Address: $Z \not = 0$ $Z \not = 0$ Mailing Address: $Z \not = 0$ $Z \not = 0$ Mailing Address: $Z \not = 0$ $Z \not = 0$ Mailing Address: $Z \not = 0$ $Z \not = 0$ Mailing Address: $Z \not = 0$ $Z \not = 0$ Total properties $Z \not = 0$ $Z \not = 0$ City $T \not = 0$ $T \not = 0$ $Z \not = 0$ Mailing Address: $Z \not = 0$ $Z \not = 0$ $Z \not = 0$ Pump Tay pe $Z \not = 0$ $Z \not = 0$ $Z \not = 0$ Date Pump Installed: $I o = 17 - 0$ $Z \not = 0$ $Z \not = 0$			ith the Department within 30 days of the
Mailing Address: 240 248 Mailing Address: 246 248 Mailing Address: 246 248 Mailing Address: 246 248 Mailing Address: 248 248 Mailing Address: 486 486 Mailing Address: 486 486 <td>Well Owner Inform</td> <td>ation</td> <td>Well Location</td>	Well Owner Inform	ation	Well Location
Mailing Address: 240 248 Mailing Address: 246 248 Mailing Address: 246 248 Mailing Address: 246 248 Mailing Address: 248 248 Mailing Address: 486 486 Mailing Address: 486 486 <td>Owner Name: Norman Li</td> <td>Twiller Latituda:</td> <td>T 1/ 1</td>	Owner Name: Norman Li	Twiller Latituda:	T 1/ 1
Image: State of Link Conventional Survey. Image: State Conventional Survey. Image: State Of Link Convention Convention Sur			Longitude:
$\frac{1}{10} \frac{1}{10} \frac$	Mailing Address: 290 00	2 248 Method of I	at/Long (circle one): Conventional Survey,
$\frac{1}{10} \frac{1}{10} \frac$			ISCE and the total of the second second
Telephone No. ($\frac{1}{6}$ $\frac{1}{2}$, $\frac{1}{4}$, $\frac{1}{5}$ $\frac{1}{5}$, $\frac{1}{5}$ Distance Direction Nearest Town $\frac{1}{6}$ Miles $\frac{1}{5}$, $\frac{1}{6}$, $\frac{1}{5}$, $\frac{1}{6}$, $\frac{1}{5}$, $\frac{1}{6}$, $\frac{1}{5}$, $\frac{1}{6}$, $\frac{1}{5}$	11	15 260-	
Telephone No. ($\frac{1}{6}$ $\frac{1}{2}$, $\frac{1}{4}$, $\frac{1}{5}$ $\frac{1}{5}$, $\frac{1}{5}$ Distance Direction Nearest Town $\frac{1}{6}$ Miles $\frac{1}{5}$, $\frac{1}{6}$, $\frac{1}{5}$, $\frac{1}{6}$, $\frac{1}{5}$, $\frac{1}{6}$, $\frac{1}{5}$, $\frac{1}{6}$, $\frac{1}{5}$	TU45-ton V	<u> </u>	1/4 Sec_ 19 Twn 15 S Rng 6 G
Telephone No. $(\cancel{4}\cancel{6}\cancel{2})$ $\cancel{4}\cancel{5}\cancel{4}-\cancel{5}\cancel{8}\cancel{1}\cancel{4}$ $\cancel{6}\cancel{7}\cancel{8}\cancel{6}\cancel{6}\cancel{6}\cancel{6}\cancel{6}\cancel{6}\cancel{6}\cancel{6}\cancel{6}6$	City 7 State		
Pump Type Circle one Power Type Circle one Air Lift Jet Submersible Bucket Piston Turbine Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify):	Telephone No.		
Circle one Prover Type Air Lift Jet Submersible Bucket Piston Turbine Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify):	Telephone No. (UGL) $956-5$	878 <u>6</u> M	iles Darth of Trebloc
Circle one Prover Type Air Lift Jet Submersible Bucket Piston Turbine Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify):			
Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural C Bucket Piston Turbine Electric Motor Hand Tractor P Centrifugal Rotary Flowing Well Windmill Other (specify): Hand Tractor P Date Pump Installed: $10 - 17 - 0$ C Setting Depth: 1×9 feet Number of Stages: 1×9 feet Method of Measuring Water Level Curcle one Date Well Tested: $10 - 17 - 0$ C Air Line Electric Measuring Water Level Curcle one Static Water Level (A): $1 \circ 9$ Feet Below Land Surface Number of Stages: $1 \otimes 9$ Drawdown $[(B) - (A)]$: Feet Below Land Surface For flowing well, measured shut in head: feet Duration of Pump Test (minimum 4 hours): hours feet after hours of pumping HEREBBY CERTIFY that the above statements are true to the best of my knowledge. Mature 10 - 75 Gallons Per Print Name of Pump Installed: $0 \circ 75$ Gallons Per Gallons Per		·	Power Type
Bucket Piston Turbine Diesel Engine Gasoline Engine Natural C Bucket Piston Turbine Electric Motor Hand Tractor P Centrifugal Rotary Flowing Well Windmill Other (specify):	Chele one		Circle one
Bucket Piston Turbine Electric Motor Hand Tractor P Centrifugal Rotary Flowing Well Windmill Other (specify):	Air Lift Jet	Submersible Diesel Engin	C Gasoline Engine Natural Co
International function Function Hand Tractor P Centrifugal Rotary Flowing Well Windmill Other (specify):	Bucket Distor		
Other (specify):	FISION	Turbine Electric Mot	or Hand Tractor PT
Other (specify):	Centrifugal Rotary	Flowing Well Windmill	Other (specify)
Date Pump Installed: 10-17-04 Rated Pump Capacity: 12 Gallons Per Minute Setting Depth: Pump Test Data Method of Measuring Water Level Date Well Tested: 10-17-06 Static Water Level (A): 198 Feet Below Land Surface Air Line Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface Duration of Pump Test (minimum 4 hours): hours HEREBY CERTIFY that the above statements are true to the best of my knowledge. Cetter Cord Let Perform Level (A): 10-79	Other (specify):		-
Rated Pump Capacity: / 2 Gallons Per Minute Setting Depuil: / 0 / 1 feet Pump Test Data Method of Measuring Water Level Circle one Date Well Tested: / 0 - / 7 - o ć Air Line Electric Measuring Line Steel Tape Static Water Level (A): _ o g Feet Below Land Surface Other (specify):			
Rated Pump Capacity: / 2 Gallons Per Minute Number of Stages: / 8 Pump Test Data Method of Measuring Water Level Date Well Tested: / 0 - / 7 - o (Static Water Level (A): _ 1 o (Reasuring Capacity):	Date Pump Installed: $10 - 17 - 0$	Setting Depti	h: 189 feet
Pump Test Data Method of Measuring Water Level Date Well Tested: 10-17-06 Static Water Level (A): 100 Fee Below Land Surface Air Line Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: Gallons Per Minute Duration of Pump Test (minimum 4 hours): hours HEREBY CERTIFY that the above statements are true to the best of my knowledge. Carce L HEREBY CERTIFY that the above statements are true to the best of my knowledge. Carce	Rated Pump Capacity: / 2_		
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Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) – (A)]: Feet Below Land Surface Test Pumping Rate: Gallons Per Minute Duration of Pump Test (minimum 4 hours): hours HEREBY CERTIFY that the above statements are true to the best of my knowledge. Gallons Per Minute Certer Drilling # 0079	Static Water Level (A): & Fee	Below I and Surface Air Line	Electric Measuring Line Steel Tape
Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: Gallons Per Minute Duration of Pump Test (minimum 4 hours): hours HEREBY CERTIFY that the above statements are true to the best of my knowledge.			
Test Pumping Rate:Gallons Per Minute German Median	r unping water Level (B):Feet]	Below Land Surface	
Test Pumping Rate:Gallons Per Minute German Median	Drawdown [(B) – (A)]: Feet	Below Land Surface	
Duration of Pump Test (minimum 4 hours):hours			
Duration of Pump Test (minimum 4 hours):hours			GPM with a drawdown of
HEREBY CERTIFY that the above statements are true to the best of my knowledge.	Duration of Pump Test (minimum 4 hours):		
Print Name of Pump Installer and Line No. 19			nours of pumping
Print Name of Pump Installer and Line No. 19			
Print Name of Pump Installer and Line No. 19	TEREBY CERTIFY that the above statem	ents are true to the best of my knowledge	
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer	Leeper Drillingt	F 0079	Kale 1
	Print Name of Pump Installer and License N	o. (if applicable) Sign	ature of Pump Installer
the second se			RECEIVER

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