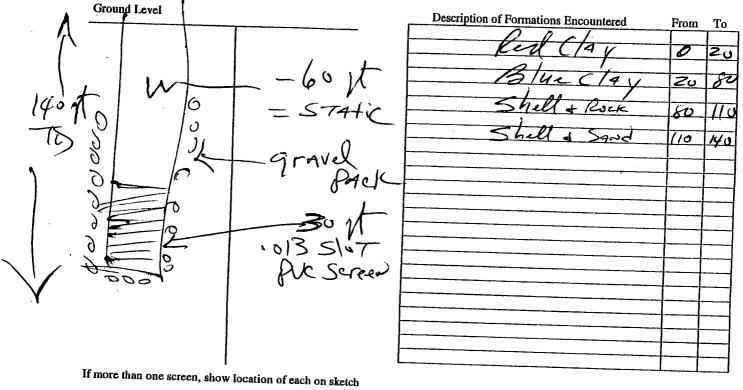
| ρ | | |
|---|--|--|
| State Well Report | | |
| | For Office Use Only: | |
| Permit #: Office of Land an | of Environmental Quality Aquifer: | |
| Driller: $\underline{Lee pex}$ \underline{Dr} . $\underline{C - 10^{\circ}}$ $\underline{P.O. Box 10631}$ Well #: $\underline{C - 10^{\circ}}$ | | |
| Jackson, MS | S 39289-0631 L. S. Elevation: | |
| | 61-5210 | |
| | | |
| State Law requires that this report be prepared by the c 30 days of completion of drilling of the well. | lriller in detail and filed with the Department within | |
| Well Owner Information | Well Location | |
| Owner Name_ And y Cusself | Latitude:' Longitude:' | |
| Mailing Address 124 alus of | Method of Lat/Long (circle one): Conventional Survey, | |
| | | |
| ECRUMS 381-11 | USGS quad, Hand-held GPS, Survey-grade GPS | |
| City / State Zip Code | ¹ / ₄ ¹ / ₄ Sec <u>4</u> Twn 9 5 Rng <u>3</u> E | |
| | Distance Direction Nearest Town | |
| | Distance Direction Nearest Town Miles ofC | |
| Well Da | ta | |
| Purpose of Well (circle one) Home Industrial Bublic Sam L | | |
| Date well drilling started: $6 - 6 - 08$ Date well drilling completed: $6 - 6 - 08$ | | |
| Date well drilling started: Date we | Il drilling completed: <u>6-6-0</u> | |
| If flowing, method of flow regulation: Valve Other (des | cribe) | |
| Static Water Level:feet above or below (circle one) lan | d surface Date measured: 6 - 7- 08 | |
| Method of Measurement (circle one) steel tape electric tape | | |
| Hole depth: $401t$ Well depth: $4-1t$ | air line other: | |
| Type of grout (circle one): Cement Bentonite (Mix) | well grouted to a depth offeet | |
| | inches Type of casing: | |
| Screen length: 30 feet Screen diameter: $4''$ inches Type of screen: 90 | | |
| Screen slot size: • 3 (3 inches Suit 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 | | |
| Type of completion (circle all applicable): Gravel packed Underread | | |
| | | |
| Other (describe): | | |
| Fop of lap pipe or reduction in casing:feet. If teles | coped or more than one screen, describe on back of near | |
| ogs run (circle all applicable): No log run Electric Gamma Ray D | ensity Sonic Neutron Other: | |
| Name of organization running log(e). | 4 | |
| certify that the well was drilled, constructed, and completed in acco | rdance with all applicable requirements of the Mississinni | |
| open the Mississippi Depart | ment of Health regulations and state laws | |
| Leepes Drilling # 0079 | 051 | |
| Print Name of Water Well Contractor and License No. | Signature of Water Well Contractor | |
| | organization water well contractor | |
| | | |
| | RECEIV | |
| | ин о л 90 | |

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C-109

If well telescopes please sketch below and show depths.



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 UN ROA Landowner Name: Signature of Water Well Contractor RECEIVED JUL 0 9 2008 **BY: OLWR**

| STATE WELL REPORT | |
|---|--|
| Permit #: Mississippi Departs Driller: Dr. [] | Part 2 For Office Use Only: her's Completion Report Aquifer: ment of Environmental Quality Aquifer: 0. Box 10631 Well #: 01)961-5210 Elevation:)354-6938 (fax) Elevation: |
| Well Owner Information Owner Name: $\frac{1}{2}$ | Well Location Latitude: Longitude: Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS 44 SecTwn_9_S_Rng_3E Distance Direction Nearest Town 3_Miles_SE_of_ECR4 |
| Pump Type Circle one Air Lift Jet Bucket Piston Bucket Piston Centrifugal Rotary Flowing Well Other (specify): Date Pump Installed: Rated Pump Capacity: | Power Type Circle one Diesel Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): |
| Pump Test Data Date Well Tested: Static Water Level (A): Go Feet Below Land Surface 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 | Method of Measuring Water Level Circle one Air Line Electric Measuring Line Steel Tape Other (specify): |
| I HEREBY CERTIFY that the above statements are true to the best eeper(r; n; n; r; n; r; | of my knowledge. Signature on Pump Installer RECEIVI |

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