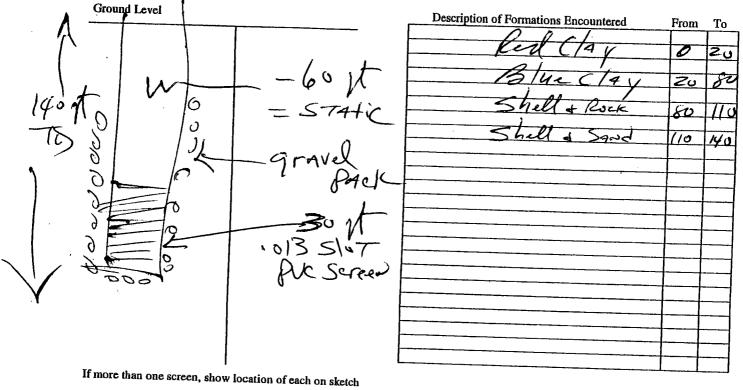
ρ		
State Well Report		
	For Office Use Only:	
Permit #: Office of Land an	of Environmental Quality Aquifer:	
Driller: $\underline{Lee pex}$ \underline{Dr} . $\underline{C - 10^{\circ}}$ $\underline{P.O. Box 10631}$ Well #: $\underline{C - 10^{\circ}}$		
Jackson, MS	S 39289-0631 L. S. Elevation:	
	61-5210	
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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