	State V	Vell Report				
County: UNION	State Well Report Part 1 Mississippi Department of Environmental Quality		For Office Use Only:			
Permit #:			Aquifer:			
Driller: Leeper Dr. 11/1, mg	Office of Land and Water Resources P.O. Box 10631		Well #: H- 79			
		MS 39289-0631				
Date drilling completed:	(601))961-5210	L. S. Elevation:			
G		4-6938 (fax)	E-log #:			
State Law requires that this repo 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	tion		Location			
Owner Name Lee Ayers Construction			" Longitude:"			
Mailing Address: 1047 CR	140	Method of Lat/Long (circle one				
		HSGS and Hand to				
New Albany	MS 3xcca	USGS quad, Hand-held GPS, Survey-grade GPS 4 Sec 34 Twn 7 S Rng 3 6				
City State	Zip Code	Distance Direction	Twn / \ Rng 3 &			
Telephone No. (662) 534 - 2	3.5	Nearest Town of New Albary				
	Well D	ata				
Purpose of Well (circle one) Home Indus	strial Public Supply	Irrigation Fish Culture	Out			
Date well drilling started: 3-6-0	7 Date 11	Tian Culture	Other:			
If flowing method of flow	Date w	eli drilling completed:	-7-,07			
If flowing, method of flow regulation: Valve	Other (de	escribe)				
Static Water Level: 45 feet above	ve or below (circle one) la	nd surface Date measured:	3.7-07			
Method of Measurement (circle one) stee	l tape electric tape	air line other:	<u> </u>			
Hole depth: 200 Well depth Type of grout (circle one): Cement	1: 200 pt	Well grouted to a depth of	(1)			
centent	Bentonite (Mix)					
Casing length:/ 30feet Casing of	diameter: 4 "	inches Type of casing:	VC			
Screen length: 40 feet Screen diameter: 2 inches Type of screen.						
Screen slot size: 0 0 inches	Setting depth: From	160 feet to 20	V			
Type of completion (circle all applicable): G	Gravel packed Underrea	armed Telescoped / Open hol	le Natural Development			
	Other (describe):					
Top of tap pipe or reduction in casing:	feet. If teles	coped or more than one screen	describe on book as			
20gs run (chcie au applicable): No log run	Electric Gamma Ray I	Density Sonic Neutron Oth	er:			
I certify that the well was drilled, constructed Department of Environmental Quality and/o	ed, and completed in acco	ordance with all applicable req	uirements of the Mississippi			
e	ar one mussissibhi nebari	ment of Health regulations and	Dstate laws.			
Leeper Drilling	Trou79	100				
Print Name of Water Well Contractor and Lice	ense No.	Cianata Ciri	1			
		Signature of Wa	ter Well Course			

MAR 2 9 2007

BY: OLWR

If well telescopes please sketch below and show depths.

	evel		Γ	Description of Formations Encountered	From	То
Λ	nf		1-45 / STATIC	Top Gumbo	0	20
/ \			-	Blueclay	70	13
	.]		- t	Rock + Chalk	135	160
Zou !	1		<u> </u>	Sand	160	200
-{t			(30 pt 4" Surface CASING		ļ	
			C 73/47			
			_			
] 3	4		-40 pt 2"			
			Screen		 	
			<u> -</u>			
If more than	n one scre	en, 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

ACTAPIA

Deve

Landowner Name:

Landown

Signature of Water Well Contractor

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STATE WELL REPORT

Permit #: Driller: Date completed:

Part 2 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

For Office Use Only:			
	Aquifer:		
1	Well#: #-		
· · · · · · · · · · · · · · · · · · ·	Well #: #		

	(601)354-6938 (fax)					
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 Informat	ion	1	¥87.22	·		
Owner Name: Lee A yers Construction Mailing Address: 1047 CR 140 New Albany MS 38652 City State / Zip Code		Well Location				
		√ Latitude:Longitude:				
		Method of Lat/Long (circle one): Conventional Survey,				
		USGS quad, Hand-held GPS, Survey-grade GPS				
		¼	_14 Sec	Twn	Rng	
		Distance	Direction	Nearest To	₩n	
Telephone No. 63 534.	2305		52J of	New a	1/64my	
Pump Type					·	
Circle one		•		er Type le one		
Air Lift Jet	Submersible	Diesel Engine	Gasoline 1	Engine	Natural Gas	
Bucket Piston	Turbine	Electric Motor	Hand			
Centrifugal Rotary	Flowing Well	Windmill		ecify):	Tractor PTO	
Other (specify):		Home B. D. J.			. 0	
Date Pump Installed: 3 - 8 - 0	1	Horse Power Ratin	g of Motor:	-74 H		
Rated Pump Capacity: Gallons Per Minute		Setting Depth:			i	
	fallons Per Minute	Number of Stages:	((
Pump Test Data						
Date Well Tested: 3-8-0	.	Met	hod of Measu	ring Water L	evel	
			Circle	e one		
Static Water Level (A):Feet Be			ectric Measuri		Steel Tape	
Pumping Water Level (B):Feet Be		Other (specify):				
Drawdown [(B) - (A)]:Feet Be	elow Land Surface F	For flowing well, m	easured shot:	a head.		
Test Pumping Rate:G	allons Per Minute V				feet	
Duration of Pump Test (minimum 4 hours):hours		Well yieldedGPM with a drawdown offeet afterhours of pumping				
		^`		nou	s of pumping	
I HEREBY CERTIEV that the above						
I HEREBY CERTIFY, that the above statements are true to the best of my knowledge						
teeper Uniting # 0079						
Print Name of Pump Installer and License No.	(if applicable)	Signature of	F Pumn Inetall	DI	CENED	

Signature of Pump Installer

MAR 2 9 2007

BY: OLWR