	State V	Vell Report	
County: WION		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 #: H-82
		MS 39289-0631	
Date drilling completed: 12-20-07	(601)961-5210	L. S. Elevation:
		54-6938 (fax)	E-log #:
State Law requires that this repo	ort be prepared by the of the well.	driller in detail and filed w	ith the Department within
Well Owner Information		Well	Location
Owner Name Lee Ayer	2 -	Latitude:	" Longitude:,
Mailing Address: CRS	7	Method of Lat/Long (circle on	
A/> 1/		USGS quad, Hand-held	
Very Albany City / State	S 38652 Zip Code		Twn Rng 3
Telephone No. (663 668 - 03	1		
7 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	88	S_Miles _SW_o	Nearest Town
	Well I		
Purpose of Well (circle one) Home Indus	strial Public Supply	Irrigation Fish Culture	A 0.4
Date well drilling started:/2-20-	07	magadon 14sh Culture (Other: APArtments
If flowing method of flow	Date w	vell drilling completed: / 2	- 2/- 0 /
If flowing, method of flow regulation: Valve	Other (de	escribe)	
Static Water Level:feet above	ve or below (chele one) la	and surface Date measured:	12-22-67
Static Water Level: / 2 feet above or below (circle one) land surface Date measured: / 2-22-47 Method of Measurement (circle one) steel tape electric tape air line other:			
Hole depth: // Well depth: // Well grouted to a depth of // feet Type of grout (circle one): Cement P. (10)			
Type of grout (circle one): Cement	Bentonite (Mix)	wen grouted to a depth of	feet
Casing length: /30 feet Casing diameter: 41 inches Type of casing: PVC			
Screen length: <u>\$6</u> feet Screen	diameter: 2 "	inches Type of screen	Due
Screen slot size:	Setting depth: From	150 feet to 180	fact
Type of completion (circle all applicable):	Gravel packed Underre	amed (Telescoped) Open ho	e Natural Development
Top of lap pipe or reduction in casing:	fcet. If teles	scoped or more than one screen	describe on back of page
ogs run (circle all applicable): No log run	Electric Gamma Ray	Density Sonic Neutron Oth	er:
Name of organization running log(s).			1
Certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.			
separament of Environmental Quanty and/	or the Mississippi Depar	tment of Health regulations and	l state laws.
Leeper Doilling #0.		_ 125/en	2e
Print Name of Water Well Contractor and Lice	ense No.	Signature of Wa	ter Well Contractor

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₹.	•	and it dopting.
٨	Ground Level	
	I had	-12 ft
180 Vt	-	5747.0
TA		PVC CASing
		30 17
\vee	 	Screen

	1 1		•
Description of Formations Encountered		From	То
Top Gumbo		0	20
			_
Blue Clay		20	60
Ruck & Clay			
TOCK & C/AY		40	140
			<u> </u>
Pakish			<u> </u>
Ruck + Shell			<u> </u>
1 2444		140	180
	-+		
	-+		
	$\neg +$		
		 	
	_		

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; 4) indicate direction.
+ April
1 Julie 1
Pille
PRIVE
1 100
Apar
Men
) Well
Landowner Name: Lee Flyer S X

Signature of Water Well Contractor

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STATE WELL REPORT

Part 2

Permit #:

Date completed:

Driller:

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:
Well #: H - 82
Elevation:

(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 Well Owner Information Well Location Owner Name: _ Longitude: Mailing Address: Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS 14 Sec_34 Twn_75 Rng Distance Direction Nearest Town 5 Miles 5W of Pump Type Power Type Circle one Circle one Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Gas Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify): ____ Other (specify): ___ Horse Power Rating of Motor: ___/ Date Pump Installed: _____ / 2 - 22 - 47 Setting Depth: ______ feet Rated Pump Capacity: ______ Gallons Per Minute Number of Stages: _____/4

Pump Test Data Date Well Tested: / 2 - 2 2 - 0 7	Method of Measuring Water Level Circle one
Static Water Level (A):Feet Below Land Surface Pumping Water Level (B):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape Other (specify):
Drawdown [(B) – (A)]:Feet Below Land Surface Test Pumping Rate:Gallons Per Minute Duration of Pump Test (minimum 4 hours):hours	For flowing well, measured shut in head:fect Well yieldedGPM with a drawdown offeet afterhours of pumping

	I HEREBY CERTIFY that the above statements are true to the best of my knowledge	
Ì	Leeper Drilling # 0079	
I	Print Name of D. Y. J. J. J.	, (
•	Time Name of Pump Installer and License No. (if applicable) Signature of Pump Installer	V

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