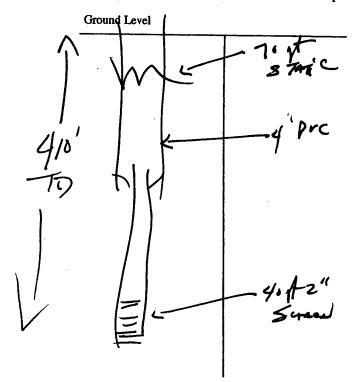
· · · · · · · · · · · · · · · · · · ·	- State W	Vell Report	·
County:		Part 1	For Office Use Only:
Permit #:		nt of Environmental Quality	Aquifer:
Driller: Leaper Drilling		Office of Land and Water Resources P.O. Box 10631 Well #: <u>K-33</u>	
	Jackson, MS 39289-0631 L. S. Elevation:		L. S. Elevation:
Date drilling completed: 12/29/05-1		)961-5210 14-6938 (fax)	E-log #:
State Law requires that this rep	ort be prepared by the		
30 days of completion of drilling Well Owner Information		Wal	I Location
Owner Name Charles For			
			_" Longitude:''
Mailing Address: 100 Address: 44		Method of Lat/Long (circle or	ne): Conventional Survey,
	-	USGS quad, Hand-held	I GPS, Survey-grade GPS
ETTA M City Sta	ate Zip Code	¼ ¼ Sec3	Twn <u>85 Rng 15</u>
		Distance Direction	Nearest Town,
Telephone No. ()		Distance Direction	of the 4/bail
	Well	Data	
Purpose of Well (circle one Home Ind			
Date well drilling started: 12/27/	Date :	well drilling completed: 12,	129/05
If flowing, method of flow regulation: Val			
Static Water Level: <u>70</u> feet ab			
Method of Measurement (circle one)	teel tape electric tape	air line other:	
Hole depth: 410 Hole depth: Well dep	pth: 410 y	Well grouted to a depth of _	feet
Type of grout (circle one): Cement Casing length:feet Casin	ng diameter:	inches Type of casing:	Puc
./	4	inches Type of screen:	
Screen slot size:		<u>370</u> feet to <u>410</u>	
Type of completion (circle all applicable):	Gravel packed Under	reamed Telescoped Open	hole Natural Development
	Other (describe):		
Top of lap pipe or reduction in casing:	feet. If te	lescoped or more than one scro	een, describe on back of page
Logs run (circle all applicable): No log rur			
Name of organization running log(s):			
Name of organization running log(s): I certify that the well was drilled, constru-	ucted, and completed in a	ccordance with all applicable	requirements of the Mississippi
Department of Environmental Quality an		artment of Health regulations	and state laws.
Leeper Drilling -	FF 00 19	62	Legen
Print Name of Water Well Contractor and I		Signature of	Water Well Contractor
······································	······································		RECEIVE
			JAN 2 0 200
			BY: OLW

K-33

If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	То	
	0	20	]
Blue Clay	24	24	U
Y			
CHACK	24	37	٥
<u>ک</u> طمک	570	414	
	+		
	1		

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. CR DME 1as Landowner Name: 1 RECEIVED Signature of Water Well Contractor JAN 2 0 2006 BY: OLWR

	STATE W	ELL REPORT		
County: Permit #: Driller: Drilling Date completed:3./.5 This report should be prepared by the prepared by th	Pump Installer Mississippi Departm Office of Land P.O. Jackson, (60 (601)3	Part 2       For Office Use Only:         r's Completion Report       Aquifer:         ent of Environmental Quality       Aquifer:         i and Water Resources       Well #:         . Box 10631       Well #:         MS 39289-0631       Elevation:         1)961-5210       Elevation:         ail and filed with the Department within 30 days of the		
installation of pump. Well Owner Inform				
<b>A</b>		Well Location		
Owner Name: CH4k he forman   Mailing Address:   1100 CR44   ETT4   MS   City State   Telephone No. ()		Latitude: Longitude: Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS		
		14     14     Sec     3     Twn     8     8     8     8     8     9     16       Distance     Direction     Nearest Town		
		Miles <u>Sw</u> of <u>New Alber</u> y		
Pump Type Circle one Air Lift Jet	Submersible )	Power Type Circle one Diesel Engine Gasoline Engine Natural Gas		
Bucket Piston	Turbine			
Centrifugal Rotary		Electric Motor Hand Tractor PTO		
Other (specify): Date Pump Installed: Rated Pump Capacity:		Windmill     Other (specify):       Horse Power Rating of Motor:     34 HA       Setting Depth:     120		
D D				
Pump Test Data Date Well Tested:		Method of Measuring Water Level         Circle one         Air Line       Electric Measuring Line         Steel Tape         Other (specify):		
Drawdown [(B) – (A)]:Fee	t Below Land Surface	For flowing well, measured shut in head:feet		
Test Pumping Rate:	_Gallons Per Minute	Well yielded GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours)	):hours	feet afterhours of pumping		
I HEREBY CERTIFY that the above states	# 00 19	of my knowledge. Signature of Pump Installer/ RECEIVE		

JAN 2 0 2006 BY: OLWB