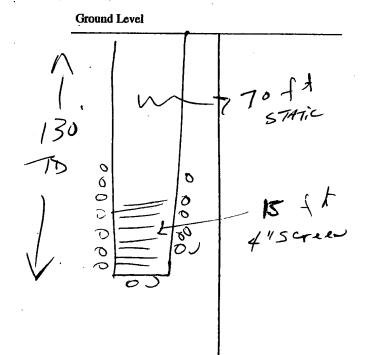
	State Well		P
County: <u>Afayette</u>	Part 1		For Office Use On
Permit #:	Mississippi Department of Environmental Quality Office of Land and Water Resources		Aquifer:
Driller: LEEPER Drilling	P.O. Box 1		Well #: F-174
	Jackson, MS 39		
Date drilling completed: 2-1-07	(601)961-1		L. S. Elevation:
·	(601)354-693	8 (fax)	E-log #:
State Law requires that this report 30 days of completion of drilling	rt be prepared by the drill	r in dotoil and file J	
		a m detan and med w	ith the Department wi
Well Owner Informat		Well	Location
Owner Name KAlab Fre		ude:'	" Longitude:
Mailing Address: # 1 Indus	TO OR P I		e): Conventional Survey,
		USGS quad, Hand-held	GPS, Survey-grade GPS
City ' State	5 38655 Zip Code		<u>TwnSRng_</u>
Telephone No. (663 871-1	Dist.	ance Direction	Nearest Town
	Well Data		
Purpose of Well (circle one) Home Indus			
			Other:
Date well drilling started: 2 - / -			
If flowing, method of flow regulation: Valve	Cher (describe	.)	
Static Water Level: feet above	a or holowit at the		
	(circle one) land su	rtace Date measured:	2-2-07
Method of Measurement (circle one) stee	l tape electric tape a	ir line other:	
Hole depth: 30 Well depth	130ft wa	grouted to a denth of	
		- Bround to a depth OI	feet
	Bentonite Mix		A
Casing length:feet Casing		- JF+ of outling.	
Screen length:feet Screen	diameter: <u>4</u>	es Type of screen:	Por
Screen slot size:	Setting depth: From/	15feet to13	<u>'U</u> feet
Type of completion (circle all applicable):	Gravel packed Underreamed	Telescoped Open he	
	Other (describe):	• • • • •	r
Top of lap pipe or reduction in casing:	feet. If talascone	d or more them	
Logs run (circle all applicable): No log run	Electric Gamma Ray Densi	ty Sonic Neutron O	n, describe on back of pay
Name of organization moning log(a).			
certify that the well was drilled, construct	ed, and completed in accordan	ice with all annlicable	antenna - Ell an
Department of Environmental Quality and/	or the Mississippi Departmen	of Health remulations	quirements of the Mississ
Leeper Drilli	we # no 70		in state laws.
L'aper Drilli	1 10019	()S	
Print Name of Water Well Contractor and Lice	ense No.	F	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
		Signature of W	ater Well Contractor
			RECE
			B Brown Ner Strong P
			pri 2 - 1 - 2
			FEB 16
			EB 16

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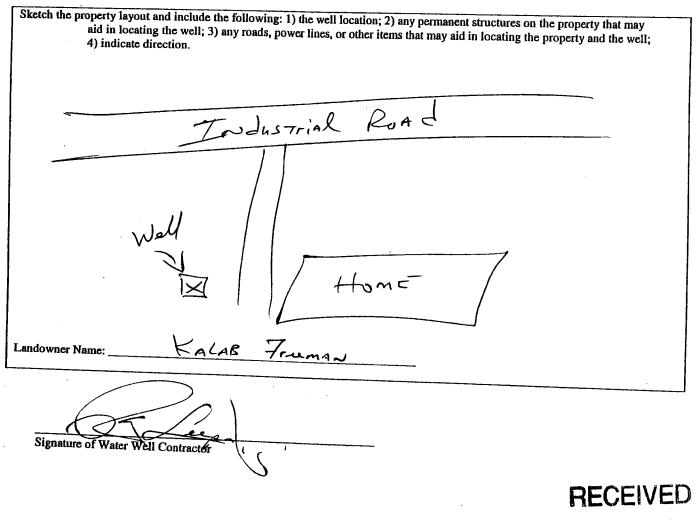
If well telescopes please sketch below and show depths.

## F-174



Description of Formations Encountered	From	То
TOP CIAY	0	20
Brown SANd	20	60
while Sard	60	131
· · · · · · · · · · · · · · · · · · ·		
	·	ļ
		<b>  </b>

If more than one screen, show location of each on sketch



FEB 1 6 2007 BY: OLWR

County: <u>CA-fayerre</u> Permit #: Driller: <u>Leeper Drilling</u>	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: Well #: _F-/74	
Date completed: 2-02-07	(601)354-6938 (fax)	Elevation:	
	pump installer in detail and filed with the Depa	rtment within 30 days of the	
Well Owner Informatio		Well Location	
Owner Name: KA (46 Fruma		Longitude:	
Mailing Address: # / Rdusz	rial Ral Method of Lat/Long (cire	cle one): Conventional Survey,	
Oxt 1 Ma		Hand-held GPS, Survey-grade GPS	
Oxford MS City State	Zip Code 14 14 Set	<u>4 Sec /0</u> Twn <u>85 Rng</u> 3 W	
	Distance Directi	ion Nearest Town	
Telephone No. 662, 871-136	Miles	of	
Pump Type Circle one		Power Type	
	Submersible ) Diesel Engine Ga	Circle one	
		asoline Engine Natural Gas	
Centrifugal Rotary		ther (specify):	
Other (specify):	•	fotor:	
Date Pump Installed: <u>Z-02-0</u>		Setting Depth:/ 2_ 0 feet	
Rated Pump Capacity: <u>20</u> G	-		
Pump Test Data	Method o	f Measuring Water Level	
Date Well Tested: 2_ u 2 - 0		Circle one	
Static Water Level (A): 70 Feel Be	elow land Surface	Measuring Line Steel Tape	
Pumping Water Level (B):Feet Be	low Land Surface Other (specify):		
Drawdown [(B) – (A)]:Feet Be	elow Land Surface For flowing well, measure	ed shut in head:feet	
Test Pumping Rate:Ga		GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):		terhours of pumping	
		$\overline{}$	
HEREBY CERTIFY that the above statemen Leeper Drilling # 007	19 102		
Print Name of Pump Installer and License No.	(if applicable) Signature of Rum		
		<b>V</b> RECEIV	