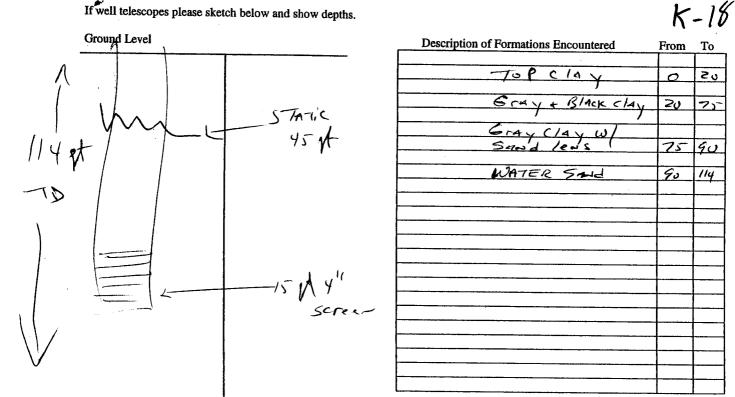
St St	ate Well Report	For Office Use Only:
County: 1/4/0 64544 Minimized De	Part 1	
	partment of Environmental Quality f Land and Water Resources	Aquifer:
Driller Leeper Dr'llive	P.O. Box 10631	Well #: <u>K- 18</u>
Jac	ckson, MS 39289-0631	L. S. Elevation:
Date drilling completed: 10-7-05	(601)961-5210	
	(601)354-6938 (fax)	E-log #:
State Law requires that this report be prepared	l by the driller in detail and filed w	ith the Department within
30 days of completion of drilling of the well.		
Well Owner Information		Location
Owner Name Kirk Quail Arm	Latitude:'	" Longitude:^ '"
Mailing Address: C/o Jean Kirk		
584 Albany ST		GPS, Survey-grade GPS
Tupels MS 3880 City / State Zip Coo		
-		,
Telephone No. (262) 840- 5842	$\frac{1}{5}$ Miles $\frac{1}{5}$	of
Well Data		
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:		
Date well drilling started: $10 - 7 - 05$	Date well drilling completed:	- 7-05
If flowing, method of flow regulation: Valve	Other (describe)	
Static Water Level:feet above or below (eirc		
Method of Measurement (circle one) steel tape elect	tric tape air line other:	
Hole depth: Well depth: (1 4		(0) fact
Theme of encoded to be an	(Mix)	icti
Casing length: <u>99</u> feet Casing diameter:		Prc
Screen length:feet Screen diameter:		
Screen slot size: <u>Screen slot size</u> Setting depth: From <u>99</u> feet to <u>114</u> feet		
Type of completion (circle all applicable): Gravel packed		
	· 1	ole Natural Development
Other (describe)		
Top of lap pipe or reduction in casing:fee		
Logs run (circle all applicable): No log run Electric Gamm		
Name of organization running log(s):		
I certify that the well was drilled, constructed, and complet	ted in accordance with all applicable re	equirements of the Mississippi
Department of Environmental Quality and/or the Mississin	pi Department of Health regulations a	nd state laws
Leeper Dorilling # 0079		2
Print Name of Water Well Contractor and License No.	\sim 1	Leize (
	Signature of V	Vater Well Contractor
		DEARWE
		RECEIVE
		001 17 200

BY: OLWR

If well telescopes please sketch below and show depths.



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. X - Wall Jalge Kirk Quail Farm Landowner Name: Signature of Water W ell Contractor RECEIVED

OCT 17 2005 BY: OLWR

County: <u>/A lo bush 4</u> Permit #: <u>Ceper Drilling</u> Driller: <u>leeper Drilling</u> Date completed: <u>10-7-05</u>	ELL REPORT Part 2 's Completion Report ent of Environmental Quality and Water Resources Box 10631 MS 39289-0631 1)961-5210 54-6938 (fax)
Mailing Address: C/O Jean Kirk S&Y 4/baw y ST	Weil Location Latitude: Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Tupel: MS</u> 3880 (<u>City</u> State Zip Code Telephone No. (662) 840-9842	$\frac{14}{14} \frac{14}{5} \operatorname{Sec} \frac{12}{7} \operatorname{Twn} \frac{24\sqrt{3}}{7} \operatorname{Rng} \frac{5}{5} \frac{5}{7}$ Distance Direction Nearest Town $\frac{5}{5} \operatorname{Miles} \frac{5}{5} \frac{10}{7} \operatorname{of} \frac{10}{7} \operatorname{Co} \frac{10}{7} \operatorname{Ku} \frac{10}{7}$
Pump Type Circle one Air Lift Jet Submersible Bucket Piston Bucket Piston Centrifugal Rotary Flowing Well Other (specify):	Power Type Circle one Diesel Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify):
Pump Test Data Date Well Tested: / • - 7 - • 5 Static Water Level (A): 45 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 o <u>Leeper</u> Dr. 11; ~ # 0079 Print Name of Pump Installer and License No. (if applicable)	of my knowledge. Signature of Pump Installer NECEIVE

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BY: OLWA