

County: Union
 Permit #: _____
 Driller: Leeper Drilling
 Date drilling completed: 4-15-11

State Well Report

Part 1

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:
 Aquifer: C64
 Well #: _____
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information		Well Location	
Owner Name: <u>Ann Faulkner</u>		Latitude: <u>34 34 11.1</u>	Longitude: <u>88 57 06.1</u>
Mailing Address: <u>419 CR 144</u>		Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input checked="" type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS	
<u>New Albany, MS 38652</u>		USGS quad, <u>SE 1/4 SE 1/4 Sec 11 Twn 6S Rng 3E</u>	
City: _____ State: _____ Zip Code: _____		Distance: <u>6</u> Miles	Direction: <u>NW</u> of Nearest Town: <u>New Albany</u>
Telephone No. <u>662 539-0183</u>			

Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 4-14-11 Date well drilling completed: 4-15-11

If flowing; method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 20 feet above or below (circle one) land surface Date measured: 4-16-11

Method of Measurement (circle one): steel tape electric tape air line other: _____

Hole depth: 170 ft Well depth: 170 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 150 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: .013 inches Setting depth: From 150 feet to 170 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____

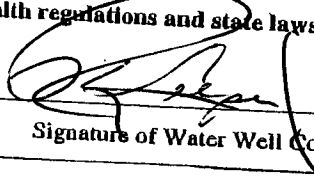
Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I 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.

Leeper Drilling # 0079
 Print Name of Water Well Contractor and License No.


 Signature of Water Well Contractor

STATE WELL REPORT

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
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
Well #: _____
Elevation: _____

County: Union
Permit #: _____
Driller: Leeper Drilling
Date completed: 4-16-11

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 Information

Owner Name: Ann Faulkner
Mailing Address: 419 CR 144
New Albany MS 38652
City State Zip Code
Telephone No. (662) 539-0183

Well Location

Latitude: 34.578 N Longitude: 88.957 W
Method of Lat/Long (circle one): Conventional Survey, Hand-held GPS, Survey-grade GPS
USGS quad, _____
_____ 1/4 _____ 1/4 Sec 11 Twn 6 S Rng 2 E
Distance _____ Direction _____ Nearest Town _____
6 Miles NW of New Albany

Pump Type Circle one

Air Lift _____ Jet _____ Submersible
Bucket _____ Piston _____ Turbine _____
Centrifugal _____ Rotary _____ Flowing Well _____
Other (specify): _____
Date Pump Installed: 4-15-11
Rated Pump Capacity: 10 Gallons Per Minute

Power Type Circle one

Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Electric Motor _____ Hand _____ Tractor PTO _____
Windmill _____ Other (specify): _____
Horse Power Rating of Motor: 3/4 HP
Setting Depth: 100 ft feet
Number of Stages: 8

Pump Test Data

Date Well Tested: 4-16-11
Static Water Level (A): 20 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): _____
For flowing well, measured shut in head: _____ feet
Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

LEEPER Drilling #0079
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer