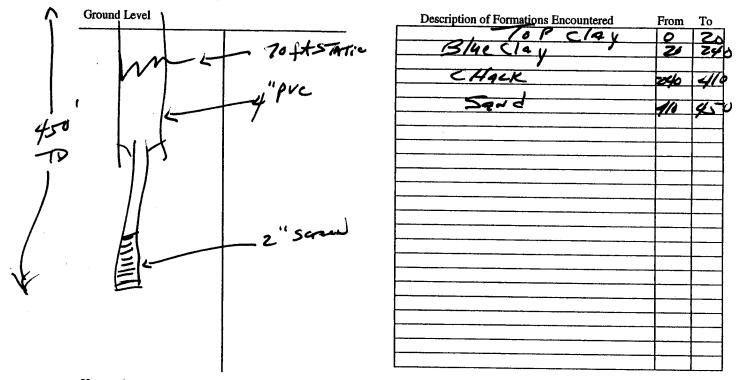
State W	ell Report	
County: MNION	Part 1	For Office Use Only:
Permit #: Office of L and	nt of Environmental Quality and Water Resources	Aquifer:
Driller: Leeper Drilling P.O. 1	Box 10631	Well #: F-59
Jackson, N	4S 39289-0631 961-5210	L. S. Elevation:
Date drilling completed: /		E-log #:
State Law requires 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 GARY CARNell	Latitude:°'	_" Longitude:°'
Owner Name GAry CARNUM Mailing Address: 1035 CR 14	Method of Lat/Long (circle on	
USGS quad, Hand-he		GPS, Survey-grade GPS
No. Alton and		
City / State Zip Code		
Telephone No. ()	Distance Direction	of <u>New Albany</u>
Well Data		
Purpose of well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Date well drilling started: 12-19-05 Date well drilling completed: 17-31-05		
If flowing, method of flow regulation: Valve Other (describe)		
Static Water Level:		
Method of Measurement (circle one) steel tape electric tape air line other:		
Hole depth: 450 Well depth: 450 Well grouted to a depth of 10 feet		
Type of grout (circle one): Cement Bentonite Mix		
Casing length: <u>250</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>Puc</u>		
Screen length: <u>40</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>Puc</u>		
Screen slot size: -0/0 inches Setting depth: From 4/0 feet to 450 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 # 0019		feer 1
Print Name of Water Well Contractor and License No.	Signature of	Water Well Contractor
		RECEIVED
		JAN 2 0 2006
		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. XK-Well Cardel Landowner Name: Signature of Water Well Contractor RECEIVED JAN 2 0 2006

BY: OLWR

F-59

STATE WELL REPORT		
Permit #: Mississippi Driller:Offic	Part 2 Installer's Completion Report Department of Environmental Quality e of Land and Water Resources P.O. Box 10631 Jackson, MS 39289-0631 Well #: <u>F-59</u>	
Date completed: $\frac{12/22}{0.5}$	(601)961-5210 (601)354-6938 (fax) Elevation:	
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	Well Location	
Owner Name: 64-4 Carwl	Latitude: Longitude:	
Mailing Address: 1035 CR 14	Method of Lat/Long (circle one): Conventional Survey,	
Nar Alberty MS City State Zip Co	USGS quad, Hand-held GPS, Survey-grade GPS	
City State Zip Co	de Distance Direction Nearest Town	
Telephone No. ()		
Pump Type Circle one	Power Type Circle one	
Air Lift Jet Submersible		
Bucket Piston Turbine	Electric Motor Hand Tractor PTO	
Centrifugal Rotary Flowing Wel	I Windmill Other (specify):	
Other (specify):	Horse Power Rating of Motor:	
Date Pump Installed: 12/23/65	Setting Depth: <u>120</u> feet	
Rated Pump Capacity: Callons Per M	inute Number of Stages:	
Pump Test Data Date Well Tested: 12/22/05	Method of Measuring Water Level Circle one	
Static Water Level (A):Fee Below Land Su	Other (specific):	
Pumping Water Level (B):Feet Below Land Sur	rface	
Drawdown [(B) – (A)]:Feet Below Land Su		
Test Pumping Rate:Gallons Per Mi		
Duration of Pump Test (minimum 4 hours):h	oursfeet afterhours of pumping	
I HEREBY CERTIFY that the above statements are true to Cerem Drilling # 0075 Print Name of Pump Installer and License No. (if applicable	(of en	
	(RECEIVED	
	IAN 2 0 2006	
	BY: OLWR	