

County: Benton  
 Permit #: \_\_\_\_\_  
 Driller: R. M. Altin  
 Date drilling completed: 9-5-07

**State Well Report**  
**Part 1 - Driller's Log**  
 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 #: P-20  
 L. S. Elevation: 851  
 B-log #: \_\_\_\_\_

*State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.*

**Information on Well Owner**  
 (Landowner if borehole is not for a water well)  
 Owner Name: Karen W Hurdle  
 Mailing Address: N.A.  
Hwy 2 E  
Hubert Flat MS  
 City State Zip Code  
 Telephone No. (662) 252 3698

**Well or Borehole Location**  
 Latitude: N/A Longitude: N/A  
34-38-16 89-09-11  
 Method of Lat/Long (circle one): Conventional Survey  
 USGS quad: Hand-held GPS Survey-grade GPS IE  
NW 1/4 NW 1/4 Sec. 24 W 1/2 Rng 2 E  
 Distance Direction Nearest Town  
2 1/2 Miles E of Hubert Flat

**Well / Borehole Data**  
 Date drilling started: 8-16-07 Date drilling completed: 9-5-07 Hole depth: 600 Hole diameter: 4  
 Location of the source of any surface water used for drilling: Fire Hydrant  
 Method of dosing and volume of Chlorine used in drilling and development: granulated Chlorine  
 Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_  
 Name of organization running log(s): \_\_\_\_\_  
 (Attach copy of log to this report)

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation  Ground Source Heat Pump   
 Seismic Survey  Other (describe) \_\_\_\_\_  
*If drilling is not related to water well construction, skip the remainder of this block*

Purpose of Well (check one): Home  Industrial  Public Supply  Irrigation  Fish Culture  Other: \_\_\_\_\_  
 If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 160 feet above or below (circle one) land surface Date measured: 9-4-07  
 Method of Measurement (circle one) steel tape electric tape air line other: Nylon cord with weight

Well depth: 600 Well grouted to a depth of 18 feet Type of grout (circle one) Neat Cement Bentonite Mix  
 Casing length: 360 feet Casing diameter: 4 inches Type of casing: sch 40 PVC

Screen length: 60 feet Screen diameter: 2 inches Type of screen: sch 40 PVC  
 Screen slot size: 013 inches Setting depth: From 540 feet to 600 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 next page*

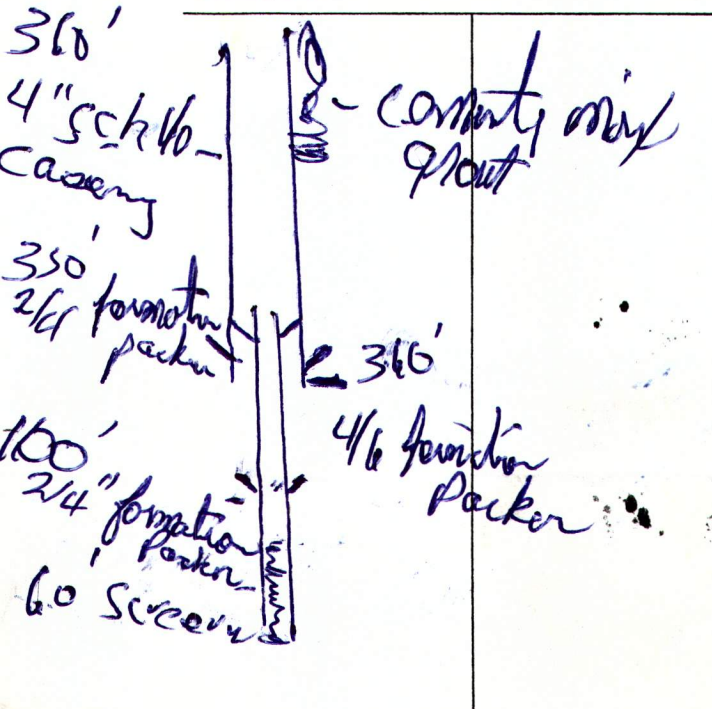
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If well telescopes please sketch below and show depths.

~~P20~~  
Ø51

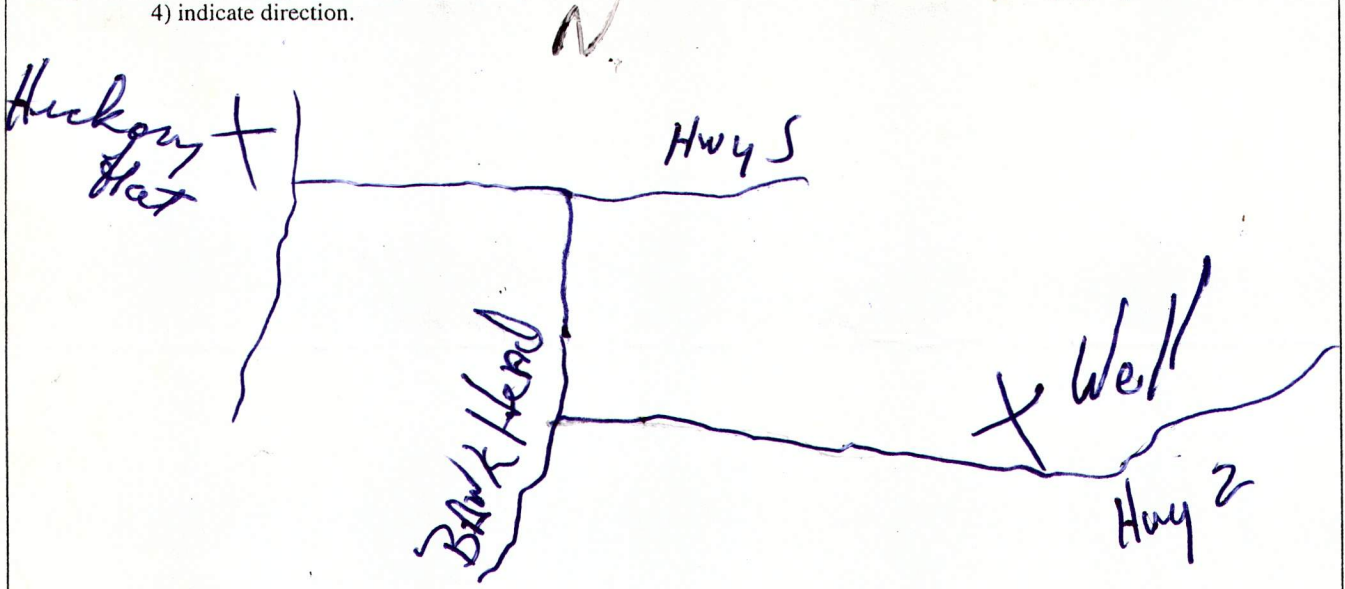
Ground Level



| Description of Formations Encountered | From | To  |
|---------------------------------------|------|-----|
| top soil rock mix                     | 0    | 100 |
| white sand                            |      |     |
| Iron water, mineral                   |      |     |
| Blue clay                             | 100  | 230 |
| Blue clay                             | 230  | 450 |
| shell rock                            | 450  | 520 |
| clay, shell sand together             |      |     |
| mix                                   | 520  | 600 |

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.



Landowner Name: Karen Hurdle

Randy Maki 0-929  
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)

County: Beaton  
 Permit #: A.M.L.  
 Driller: A.M.L.  
 Date completed: 9-5-07

For Office Use Only:

Aquifer: Ø51  
 Well #: P-20  
 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: <u>Karen Hurdle</u>                                 | Latitude: <u>NA</u> Longitude: <u>NA</u>   |
| Mailing Address: <u>NA</u>                                      | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Hwy 2 E</u><br><u>Hickory Flat MS</u><br>City State Zip Code | <u>24</u> ¼ <u>5.5</u> ¼ Sec. <u>IE</u> Rng.   |
| Telephone No. <u>662 252 3698</u>                               | Distance <u>2 1/2</u> Miles Direction <u>E</u> Nearest Town <u>Hickory Flat</u>                  |

| Pump Type<br>Circle one  | Power Type<br>Circle one   |
|--|--|
| Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>                          | Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> |
| Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>           | <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>    |
| Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> | Windmill <input type="checkbox"/> Other (specify): _____   |
| Other (specify): _____   | Horse Power Rating of Motor: <u>1</u>  |
| Date Pump Installed: <u>9-4-07</u>   | Setting Depth: <u>200</u> feet   |
| Rated Pump Capacity: <u>12</u> Gallons Per Minute  | Number of Stages: <u>10</u>  |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one  |
|--|--|
| Date Well Tested: <u>9-4-07</u>                                    | Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> |
| Static Water Level (A): <u>140</u> Feet <u>Below</u> Land Surface  | Other (specify): <u>Nylon cord &amp; weights</u>   |
| Pumping Water Level (B): <u>200</u> Feet <u>Below</u> Land Surface | For flowing well, measured shut in head: _____ feet  |
| Drawdown [(B) - (A)]: <u>165</u> Feet Below Land Surface           | Well yielded <u>12</u> GPM with a drawdown of <u>5</u> feet after <u>8</u> hours of pumping          |
| Test Pumping Rate: <u>12</u> Gallons Per Minute                    |  |
| Duration of Pump Test (minimum 4 hours): <u>8</u> hours            |  |

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

Ronnie McDaniel 0429 Ronnie McDaniel  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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