

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: _____
Well #: B-94
L. S. Elevation: _____
E-log #: _____

County: Clark
Permit #: _____
Driller: McDonald & Hill
Date drilling completed: 5-16-05

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>BRAD MARTIN</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>355 - Durham St</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>MANDON MS 39047</u>	1/4 _____ 1/4 Sec <u>16</u> Twn <u>4N</u> Rng <u>15E</u>
Telephone No: <u>601-992-3265</u>	Distance _____ Miles Direction <u>SW</u> of Nearest Town <u>CLARK DALE</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 5-16-05 Date well drilling completed: 5-16-05
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 30 feet above or below (circle one) land surface Date measured: 5-16-05
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 200 Well depth: 130 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 110 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: .010 inches Setting depth: From 110 feet to 130 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.

McDonald & Hill Inc. #0-8
Print Name of Water Well Contractor and License No.

Brad Hill
Signature of Water Well Contractor

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MAY 25 2005

BY: OLWR

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 #: B-94
 Elevation: _____

County: CLARK
 Permit #: _____
 Driller: McDonald + Hill
 Date completed: 5-23-05

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>John + Linda Minton</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>355 Leuchman Ct</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Madison MS 39047</u>	_____ 1/4 _____ 1/4 Sec _____ Twn <u>4N</u> Rng <u>15E</u>
City: _____ State: _____ Zip Code: _____	Distance _____ Direction: <u>SW</u> Nearest Town: <u>Clarksville</u>
Telephone No. (____) _____	_____ Miles _____ of _____

Pump Type	Power Type
Circle one: <u>Submersible</u>	Circle one: <u>Electric Motor</u>
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____	<input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Windmill <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO Other (specify): _____
Date Pump Installed: <u>5-23-05</u>	Horse Power Rating of Motor: _____
Rated Pump Capacity: <u>7</u> Gallons Per Minute	Setting Depth: <u>80</u> feet
	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>5-23-05</u>	Circle one: <input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>35</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>42</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>7</u> Feet Below Land Surface	Well yielded <u>50 f</u> GPM with a drawdown of <u>40 f</u> feet after <u>4</u> hours of pumping
Test Pumping Rate: <u>10</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

McDonald + Hill, Inc 0-8
 Print Name of Pump Installer and License No. (if applicable)

Bar Hill
 Signature of Pump Installer

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MAY 25 2005
 BY: OLWR