

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 #: D-20
L. S. Elevation: _____
E-log #: _____

County: Clarke
Permit #: _____
Driller: McDonald-Hill Inc.
Date drilling completed: 11-21-07

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>Larry Key</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>10158 County Rd. 430</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: <u>Meridian</u> State: <u>MS</u> Zip Code: <u>39301</u>	_____ 1/4 _____ 1/4 Sec. <u>22</u> Twn <u>4N</u> Rng <u>17E</u>
Telephone No. (601) <u>644-9840</u>	Distance: <u>12</u> Miles Direction: <u>E</u> of Nearest Town: <u>Energy</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 11-19-07 Date well drilling completed: 11-21-07
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 108 feet above or below (circle one) land surface Date measured: 11-21-07
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 420 Well depth: 420 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 284 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 2 inches Type of screen: Johnson-PVC
Screen slot size: #006 inches Setting depth: From 380 feet to 420 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: 270 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.

Ronald Hill
Signature of Water Well Contractor

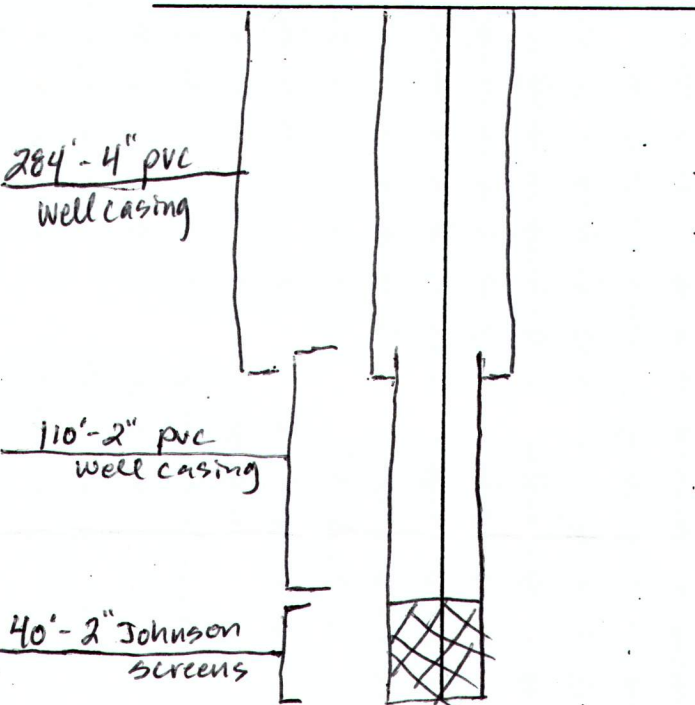
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If well telescopes please sketch below and show depths.

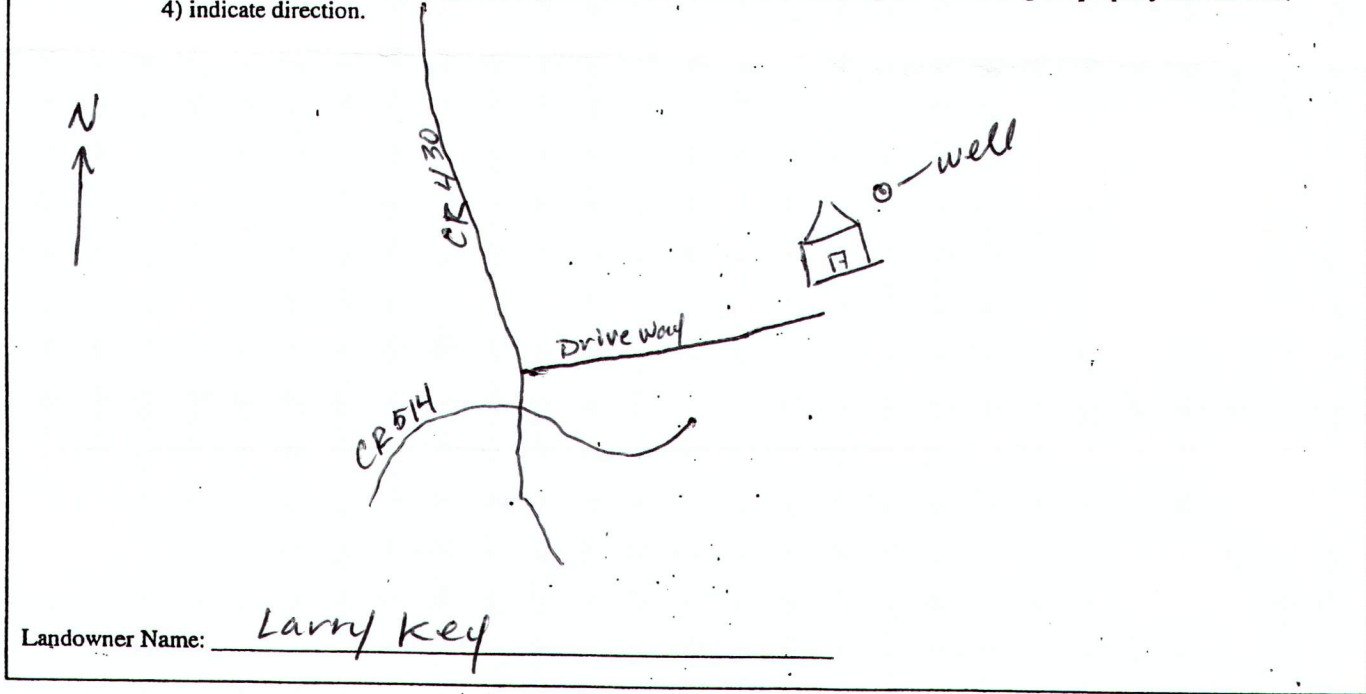
Ground Level



Description of Formations Encountered	From	To
Red Clay	0	30
Red Sand	30	40
Brown Sand	40	60
shale	60	125
shale	125	180
shale - sand streaks	180	200
shale	200	260
Rock	260	261
shale	261	290
sand	290	320
Lignite	320	325
sand - shale str.	325	350
sand	350	420

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.



Harold Hill

Signature of Water Well Contractor

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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 #: D-20

Elevation: _____

County: Clarke

Permit #: _____

Driller: McDonald-Hill Inc.

Date completed: 11-23-07

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>Larry Key</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>10158 County Rd. 430</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Meridian, MS. 39301</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>22</u> Twn <u>4N</u> Rng <u>17E</u>
Telephone No. <u>(601) 644-9840</u>	Distance Direction Nearest Town
	<u>1/2</u> Miles <u>E</u> of <u>Energy</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2 HP</u>
Date Pump Installed: <u>11-23-07</u>	Setting Depth: <u>1100</u> feet
Rated Pump Capacity: <u>27</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-23-07</u>	Air Line Electric Measuring Line <input type="radio"/> <u>Steel Tape</u> <input checked="" type="radio"/>
Static Water Level (A): <u>108</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>139</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>31</u> Feet Below Land Surface	Well yielded <u>30</u> GPM with a drawdown of
Test Pumping Rate: <u>30</u> Gallons Per Minute	<u>30</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

McDonald-Hill Inc. # 0-8 Donald Hill
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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