

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 #: H-49 023
L. S. Elevation: _____
E-log #: _____

County: CLARKE
Permit #: _____
Driller: McDonald + Hill
Date drilling completed: 8-16-04

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>NICKI WILLIAMS</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>300 CR 1451</u> <u>JUSTMAN, MS</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: <u>39355</u>	_____ 1/4 _____ 1/4 Sec <u>10</u> Twn <u>3N</u> Rng <u>16E</u>
Telephone No. <u>(601) 776-3487</u>	Distance _____ Miles Direction <u>NE</u> of Nearest Town <u>JUSTMAN</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 8-9-04 Date well drilling completed: 8-10-04
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 75 feet above or below (circle one) land surface Date measured: 8-10-04
Method of Measurement (circle one) steel tape electric tape air line other: string & weight
Hole depth: 220 Well depth: 220 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 210 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 10 feet Screen diameter: 4 inches Type of screen: Johnson PVC
Screen slot size: 010 inches Setting depth: From 205 feet to 215 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. 0-0008
Print Name of Water Well Contractor and License No.

[Signature]
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 #: H-49
 Elevation: _____

County: CLARKE
 Permit #: _____
 Driller: McDonald + Hill
 Date completed: 8-10-04

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>Nicki Williams</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>300 CR 1451</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Gautman MS. 39355</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>10</u> Twn <u>3N</u> Rng <u>16E</u>
Telephone No: <u>601 776-3487</u>	Distance _____ Direction _____ Nearest Town _____
	<u>6</u> Miles <u>NE</u> of <u>Gautman</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____
Date Pump Installed: <u>8-10-04</u>	Horse Power Rating of Motor: <u>1/2</u>
Rated Pump Capacity: <u>7</u> Gallons Per Minute	Setting Depth: <u>120</u> feet
	Number of Stages: <u>10</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>75</u> Feet Below Land Surface	Other (specify): <u>Spring & weight</u>
Pumping Water Level (B): <u>120</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>?</u> Feet Below Land Surface	Well yielded <u>20</u> GPM with a drawdown of
Test Pumping Rate: <u>20+</u> Gallons Per Minute	<u>?</u> feet after <u>3 Hrs.</u> of pumping
Duration of Pump Test (minimum 4 hours): <u>3</u> hours	

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

Print Name of Pump Installer and License No. (if applicable): Jerry Moulds Applied for Signature of Pump Installer: Jerry Moulds