

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-51
L. S. Elevation: _____
E-log #: _____

County: Clarke
Permit #: _____
Driller: McDonald & Hill Inc.
Date drilling completed: 4-12-04

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

Owner Name: Mark Mathis
Mailing Address: 505 E Franklin St
Quitman MS - 39355
City State Zip Code
Telephone No.: (601) 527-5081

Well Location

Latitude: _____ Longitude: _____
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
_____ 1/4 _____ 1/4 Sec 7 Twn 3N Rng 16E
Distance _____ Direction _____ Nearest Town _____
4 Miles N of Quitman

Well Data

Purpose of Well (circle one) Home Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____
Date well drilling started: 4-11-05 Date well drilling completed: 4-12-05
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 130 feet above or below (circle one) land surface Date measured: _____
Method of Measurement (circle one) steel tape _____ electric tape _____ air line _____ other: _____
Hole depth: 290 Well depth: 290 Well grouted to a depth of 10 feet
Type of grout (circle one): 36 Cement Bentonite _____ Mix _____
Casing length: 230 feet Casing diameter: 7 inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 2 inches Type of screen: PVC
Screen slot size: 010 inches Setting depth: From 240 feet to 290 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: 214 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. #008
Print Name of Water Well Contractor and License No.

Burdie
Signature of Water Well Contractor

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APR 15 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)

County: CLANKE
 Permit #: _____
 Driller: McDonald & Hill
 Date completed: 4-13-05

For Office Use Only:

Aquifer: _____
 Well #: H-51
 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>Mark Mathis</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>505 - E. Franklin St</u> | Method of Lat/Long (circle one): Conventional Survey, _____ |
| <u>Gretna MS. 39355</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | _____ 1/4 _____ 1/4 Sec <u>7</u> Twn <u>3N</u> Rng <u>16E</u> |
| Telephone No. <u>601-527-0600</u> | Distance Direction Nearest Town |
| | <u>4</u> Miles <u>N</u> of <u>Gretna</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift Jet <input type="radio"/> Submersible <input checked="" type="radio"/> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston <input type="radio"/> Turbine <input type="radio"/> | Electric Motor <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</u> |
| Date Pump Installed: <u>4-13-05</u> | Setting Depth: <u>180</u> feet |
| Rated Pump Capacity: <u>19</u> Gallons Per Minute | Number of Stages: <u>16</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|---|
| Date Well Tested: <u>4-13-05</u> | Air Line Electric Measuring Line Steel Tape <input checked="" type="radio"/> |
| Static Water Level (A): <u>130</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>180</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>50</u> Feet Below Land Surface | Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: <u>20+</u> Gallons Per Minute | |
| 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. 008 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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