

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-54
L. S. Elevation: _____
E-log #: _____

County: CLARKE
Permit #: _____
Driller: McDonald & Hill
Date drilling completed: Nov 30, 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>Allen Mathis</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>7571 - Hwy 145</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Quitman MS. 39355</u>	1/4 Sec <u>6</u> Twn <u>3N</u> Rng <u>16E</u>
City: _____ State: _____ Zip Code: _____	Distance: _____ Miles Direction: <u>NE</u> of Nearest Town: <u>Quitman</u>
Telephone No. <u>601-776-3027</u>	

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: Nov 28, 05 Date well drilling completed: Nov 30, 05

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 120 feet above or below (circle one) land surface Date measured: 11-30-05

Method of Measurement (circle one) steel tape electric tape air line other: String

Hole depth: 300 Well depth: 300 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentohite Mix

4x2 well
Casing length: 240 feet Casing diameter: 4 1/2 inches Type of casing: PVC, galv.

Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 1010 inches Setting depth: From 270 feet to 300 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: 229 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. # 08

Harold Hill

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

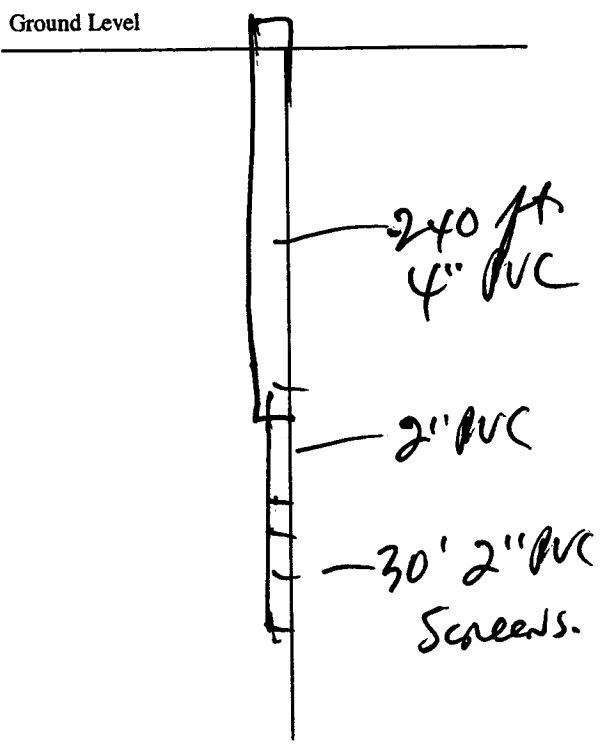
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H-54

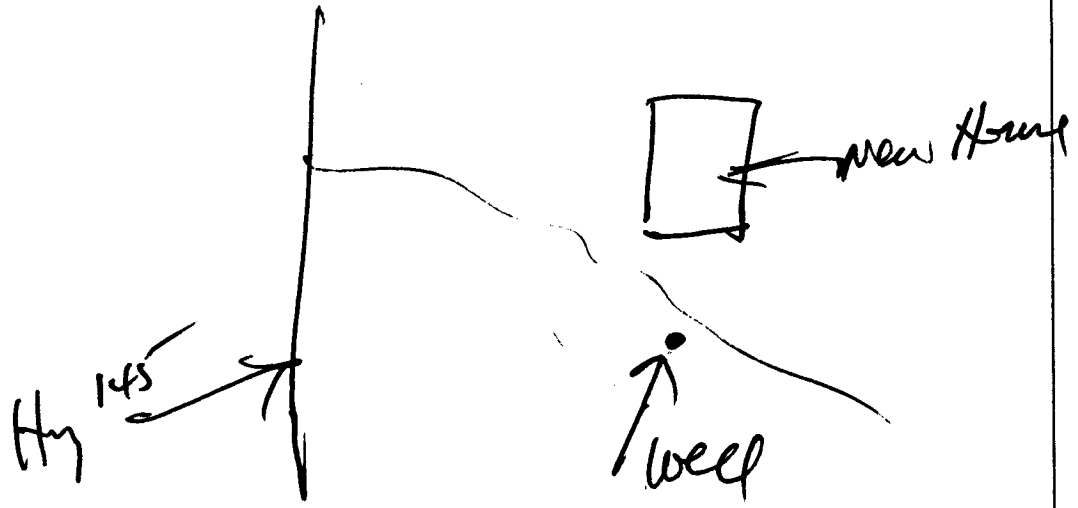
If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
SAND -	0	90
SANDY SHALE	90	120
ROCK & SHALE	120	160
SHALE & ROCK	160	220
SANDY SHALE	220	240
# 10 SAND	240	300

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: Allen Mathis

Harold Hie

Signature of Water Well Contractor

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STATE WELL REPORT

Part 2

County: Clarks
 Permit #: _____
 Driller: McDonald & Hill
 Date completed: 12-8-05

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-54
 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>Allen Mathis</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>7571 Hwy 145</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Gautman MS 39355</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>4</u> Twn <u>3N</u> Rng <u>16E</u>
Telephone No: <u>601-776-3027</u>	Distance Direction Nearest Town
	<u>4 1/2</u> miles <u>NE</u> of <u>Gautman</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2</u>
Date Pump Installed: <u>12-8-05</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>12-8-05</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>120</u> Feet Below Land Surface	Other (specify): <u>Spring</u>
Pumping Water Level (B): <u>140</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>20</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>20+</u> feet after <u>2</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 Harold Hill
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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