

# 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 #: Q-79  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Clarke  
Permit #: \_\_\_\_\_  
Driller: McDonald + Hill Inc  
Date drilling completed: 9-27-05

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>Lorenzo Carter</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>293 - CR 260</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Shubuta, MS 39360</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>1</u> Twn <u>1N</u> Rng <u>15E</u>
Telephone No. <u>601-527-9005</u>	Distance: _____ Miles Direction: <u>S</u> of Nearest Town: <u>Osota</u>

Well Data	
Purpose of Well (circle one): <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____	
Date well drilling started: <u>9-24-05</u> Date well drilling completed: <u>9-27-05</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>50</u> feet above or below (circle one) land surface Date measured: <u>9-27-05</u>	
Method of Measurement (circle one): steel tape electric tape air line other: <u>SPRING</u>	
Hole depth: <u>220</u> Well depth: <u>220</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>80</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____	
Screen slot size: _____ inches Setting depth: From _____ feet to _____ feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped <u>Open hole</u> 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): <u>No log run</u> 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  
Print Name of Water Well Contractor and License No.

Harold Hill  
Signature of Water Well Contractor

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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: Clarke  
 Permit #: \_\_\_\_\_  
 Driller: McDonnell & Heil, Inc.  
 Date completed: 9-27-05

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: Q-79  
 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>Lorenzo Carter</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>293 CR 260</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Shubuta</u> <u>MS</u> <u>39360</u>	_____ 1/4 _____ 1/4 Sec <u>1</u> Twn <u>10N</u> Rng <u>15E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>601-527-9005</u>	<u>1 1/2</u> Miles <u>S</u> of <u>Osrota</u>

Pump Type Circle one	Power Type Circle one
Air Lift                  Jet                  Submersible	Diesel Engine                  Gasoline Engine                  Natural Gas
Bucket                  Piston                  Turbine	Electric Motor <u>Hand</u> Tractor PTO
Centrifugal                  Rotary                  Flowing Well	Windmill                  Other (specify): _____
Other (specify): <u>Hand pump - Deep well</u>	Horse Power Rating of Motor: _____
Date Pump Installed: <u>10-7-05</u>	Setting Depth: <u>63</u> feet
Rated Pump Capacity: <u>2</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-27-05</u>	Air Line                  Electric Measuring Line                  Steel Tape
Static Water Level (A): <u>50</u> Feet Below Land Surface	Other (specify): <u>String</u>
Pumping Water Level (B): <u>70</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>10</u> GPM with a drawdown of
Test Pumping Rate: <u>10</u> Gallons Per Minute	<u>20</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.

McDonnell & Heil, Inc. 0-8                  Harold Heil  
 Print Name of Pump Installer and License No. (if applicable)                  Signature of Pump Installer

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OCT 13 2005

BY: OLWR