

# 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 #: 5-56  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: CLARK

Permit #: \_\_\_\_\_

Driller: McDonald & Hill

Date drilling completed: 5-12-05

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

Owner Name: Hilton Davis

Mailing Address: 1719 - CL 620

Waynesboro, MS

City: \_\_\_\_\_ State: MS Zip Code: 39367

Telephone No. 601 687-1674

### 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 26 Twn 1N Rng 17E

Distance 4 Miles Direction SE of Nearest Town Carmichael

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: NO 3 well  
checkouts

Date well drilling started: 5-11-05 Date well drilling completed: 5-12-05

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

Static Water Level: 85 feet above or below (circle one) land surface Date measured: 5-12-05

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

Hole depth: 360 Well depth: 360 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: 50 feet Screen diameter: 2 inches Type of screen: PVC Johnson

Screen slot size: 14 inches Setting depth: From 310 feet to 360 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Top of lap pipe or reduction in casing: 200 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.

Print Name of Water Well Contractor and License No. McDonald & Hill, Inc. #0-8

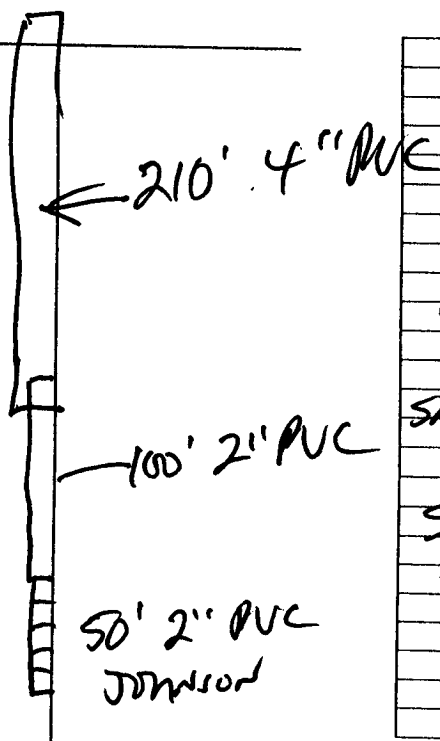
Signature of Water Well Contractor: [Signature]

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If well telescopes please sketch below and show depths.

Ground Level

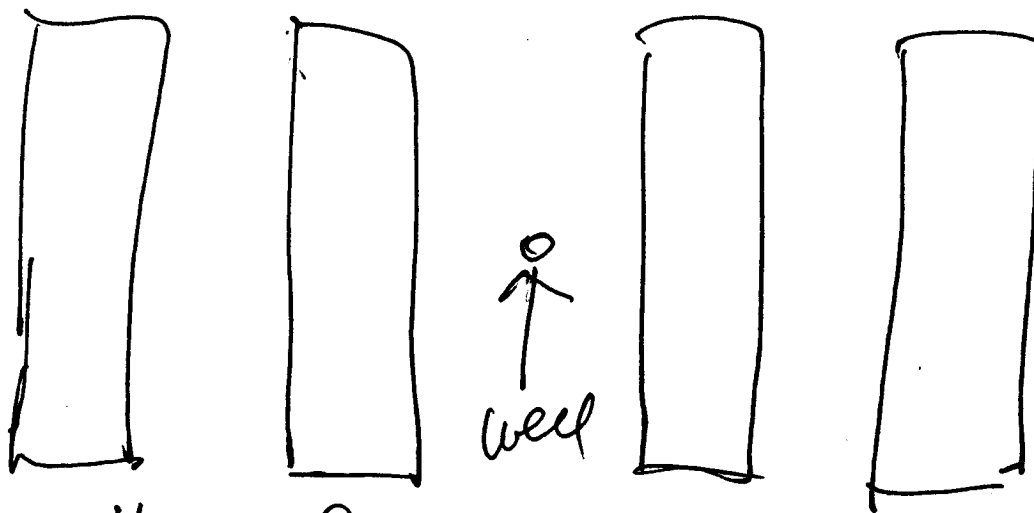


5-56

Description of Formations Encountered	From	To
Clay & SANDY	0	20
SHALE, ROCK ST	20	60
SHALE	60	100
ROCK, SANDY SHALE ST	100	125
BROWN SAND, SHALE	125	200
SHALE	200	230
SAND, SHALE, ROCK ST	230	290
SHALE	290	305
SHALE w/ SAND ST	305	325
SAND # 14	325	360

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:

HILTON DAVIS

*Bus Hei*

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)

County: Clark  
 Permit #: \_\_\_\_\_  
 Driller: McDonald & Hill  
 Date completed: 5-12-05

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: 5-56  
 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>HILTON DAVIS</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1719. CR 620</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Wigginsboro, MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code <u>39367</u>	_____ 1/4 _____ 1/4 Sec <u>26</u> Twn <u>1N</u> Rng <u>12E</u>
Telephone No. <u>601.687-1674</u>	Distance _____ Direction _____ Nearest Town _____
	<u>4</u> Miles <u>SE</u> of <u>Carmichael</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>5-23-05</u>	Setting Depth: <u>180</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-23-05</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> <input checked="" type="checkbox"/>
Static Water Level (A): <u>85</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>145</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>60</u> Feet Below Land Surface	Well yielded <u>60-70</u> GPM with a drawdown of
Test Pumping Rate: <u>60</u> Gallons Per Minute	<u>60</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>1</u> hours	

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

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

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