

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 #: S-59
L. S. Elevation: _____
E-log #: _____

County: CLARK
Permit #: _____
Driller: McDonnell & Heel, Inc.
Date drilling completed: 10-18-06

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>DAVID MAYO</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2492 - CR 615</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Shubuta MS-39360</u> City State Zip Code	1/4 1/4 Sec <u>6</u> Twn <u>1N</u> Rng <u>17E</u>
Telephone No. <u>(601) 687-5465</u>	Distance _____ Miles Direction <u>W</u> of Nearest Town <u>CARMICHAEL</u>

Well Data

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

Date well drilling started: 10-12-06 Date well drilling completed: 10-18-06

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

Static Water Level: 120 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 400 Well depth: 280 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 240 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC JOHNSON

Screen slot size: 010 inches Setting depth: From 240 feet to 280 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.

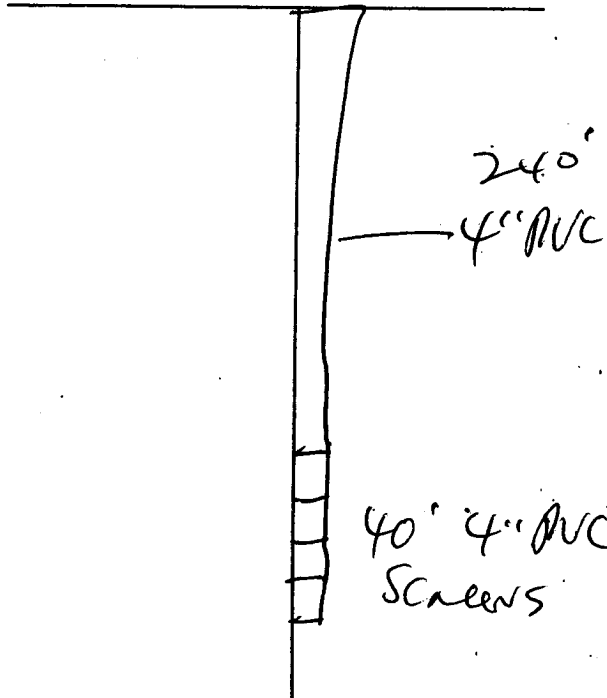
McDonnell & Heel, Inc., 0008 Harold Heel
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED
OCT 27 2006
BY: OLWR

If well telescopes please sketch below and show depths.

S-59

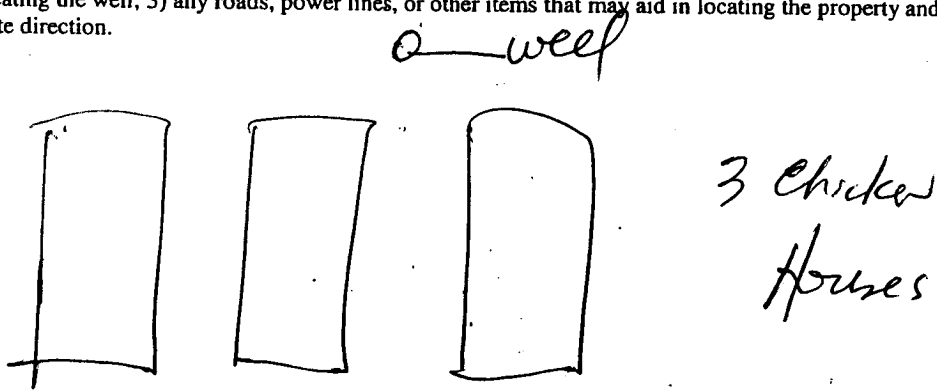
Ground Level



Description of Formations Encountered	From	To
Red SAND	0	10
SANDY SHALE	10	100
	100	130
Green SAND	130	170
SANDY SHALE	170	190
	190	230
#12 SAND	230	290
SAND w/ fine st.	290	400

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: _____

DAVIO MAYO

Rod

Harold Hill
Signature of Water Well Contractor

RECEIVED
OCT 27 2006
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)

For Office Use Only:

Aquifer: _____

Well #: S-59

Elevation: _____

County: CLARK
 Permit #: _____
 Driller: McDonald & Hill
 Date completed: 10-24-06

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>DAVID Mayo</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2492 - CA 615</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Shubuta MS - 39360</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>6</u> Twn <u>10N</u> Rng <u>17E</u>
Telephone No. <u>(601)-687-5465</u>	Distance Direction Nearest Town
	<u>1</u> Miles <u>W</u> of <u>Camacho</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>5</u>
Date Pump Installed: <u>10-24-06</u>	Setting Depth: <u>200</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>10-24-06</u>	Air Line Electric Measuring Line Steel Tape <input checked="" type="radio"/>
Static Water Level (A): <u>120</u> Feet Below Land Surface	Other (specify): <u>String</u>
Pumping Water Level (B): <u>170</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 <u>50</u> GPM with a drawdown of
Test Pumping Rate: <u>50</u> Gallons Per Minute	<u>50</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.

McDonald & Hill Inc, 08 Harold Hill
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 OCT 27 2006
 BY: OLWR