

State Well Report

Part I

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 #: N-68
 L. S. Elevation: _____
 E-log #: _____

County: Greene
 Permit #: _____
 Driller: David West
 Date drilling completed: 10-15-08

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>Craig Hillman</u>	Latitude: <u>31° 07' 30"</u> Longitude: <u>88° 45' 30"</u>
Mailing Address: <u>585 Old Penco Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Neely</u> <u>MS</u> <u>39461</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE 1/4 NE 1/4 Sec 14 Twn 2N Rng 8W</u>
Telephone No. <u>(601) 525-3729</u>	Distance <u>4</u> Miles <u>NE</u> Direction of <u>McLain</u> Nearest Town

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
 Date well drilling started: 10-12-08 Date well drilling completed: 10-15-08
 If flowing, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 72 feet above or below (circle one) land surface Date measured: 10-15-08
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Hole depth: 700 Well depth: 700 Well grouted to a depth of 10 feet
 Type of grout (circle one): Cement Bentonite Mix
 Casing length: 620 feet Casing diameter: 4 inches Type of casing: Pvc
 Screen length: 40 feet Screen diameter: 2 inches Type of screen: Stainless Steel
 Screen slot size: 08 inches Setting depth: From 660 feet to 700 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: 580 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.

David West 01697A
 Print Name of Water Well Contractor and License No.

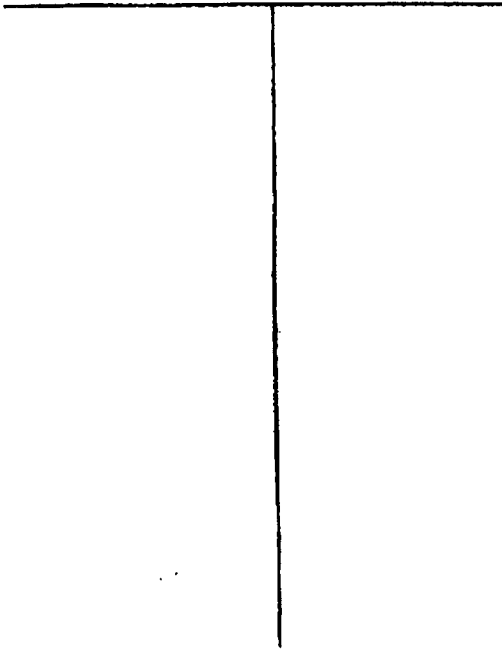
David West
 Signature of Water Well Contractor

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N-68

If well telescopes please sketch below and show depths.

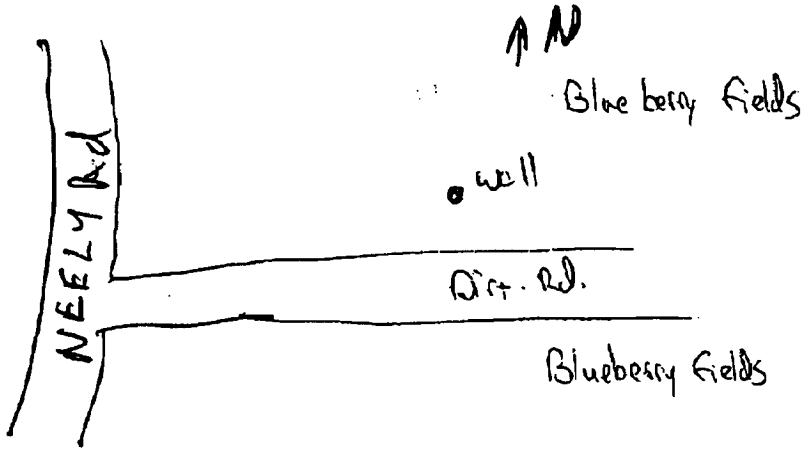
Ground Level



Description of Formations Encountered	From	To
Clay	0	230
Sandy clay w/ sand streaks	250	360
Clay	360	444
Sand	444	462
Sandy streaks	462	478
Hard clay	478	480
Loam	480	486
Sandy	487	550
Sand	550	642
Clay	642	654
Sand	654	700

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: Craig Hillman

Dan W
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)

For Office Use Only:

Aquifer: _____
 Well #: N-68
 Elevation: _____

County: Greene
 Permit #: _____
 Driller: David West
 Date completed: 10-15-08

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>Craig Hillman</u>	Latitude: <u>31° 07' 30"</u> Longitude: <u>88° 45' 30"</u>
Mailing Address: <u>585 Old Dence Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Neely</u> <u>MS</u> <u>39461</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE 1/4 NE 1/4</u> Sec <u>14</u> Twn <u>2N</u> Rng <u>8W</u>
Telephone No. <u>(601) 525-3729</u>	Distance Direction Nearest Town
	<u>4</u> Miles <u>NE</u> of <u>McLain</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>10-15-08</u>	Setting Depth: <u>200</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

David West 0-692
 Print Name of Pump Installer and License No. (if applicable)

David West
 Signature of Pump Installer

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