

# 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 #: J-46  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jasper  
Permit #: \_\_\_\_\_  
Driller: McDonald & Hill  
Date drilling completed: 7-14-06

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>Orlando Stanford</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>725 Hwy 18</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Bay Springs, Ms. 39422</u>	USGS quad, Hand-held GPS, Survey-grade GPS <u>10 E</u>
City: _____ State: _____ Zip Code: _____	1/4 _____ 1/4 Sec <u>27</u> Twn <u>2N</u> Rng <u>13W</u>
Telephone No. <u>601 764-7727</u>	Distance _____ Miles Direction <u>NE</u> of Nearest Town <u>Bay Springs</u>

**Well Data**

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

Date well drilling started: 7-12-06 Date well drilling completed: 7-14-06

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

Static Water Level: 10 feet above or below (circle one) land surface Date measured: 7-14-06

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

Hole depth: 140 Well depth: 110 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 110 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .006 inches Setting depth: From 80 feet to 110 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): \_\_\_\_\_

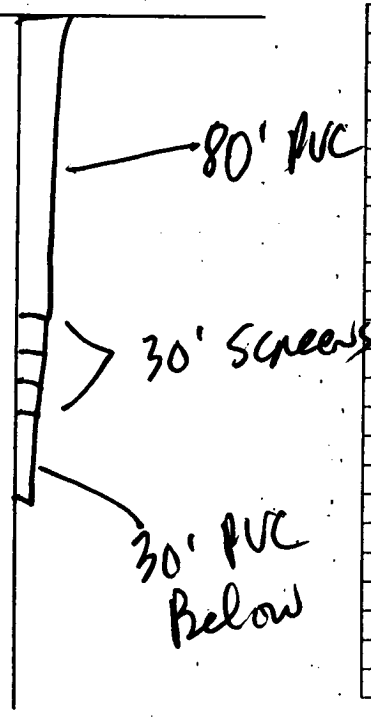
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

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

If well telescopes please sketch below and show depths.

J-46

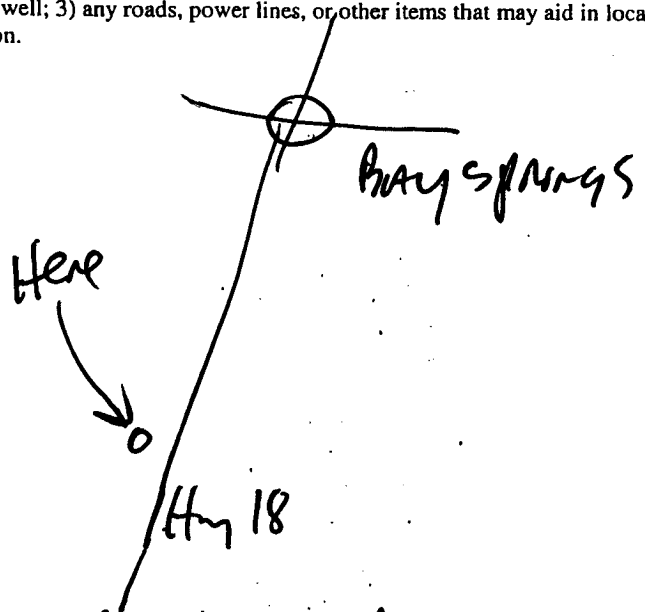
Ground Level



Description of Formations Encountered	From	To
Clay	0	20
Shale	20	30
Sand	30	110
Shale	110	140

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: Oneand Stanford

Harold Hill  
Signature of Water Well Contractor

NO. 10 120  
10 120  
NO. 10 120

# 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 #: J-46

Elevation: \_\_\_\_\_

County: Jasper

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

Driller: McDonald & Heil, Inc.

Date completed: 7-21-06

**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>Orlando Stanford</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>725 Hwy 18</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Bay Springs, MS 39422</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>27</u> Twn <u>2N</u> Rng <u>120E</u>
Telephone No. <u>(601) 764-7727</u>	Distance _____ Direction _____ Nearest Town _____
	<u>0</u> Miles <u>NE</u> of <u>Bay Springs</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>2</u>
Date Pump Installed: <u>7-21-06</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>27</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-21-06</u>	Air Line      Electric Measuring Line      Steel Tape
Static Water Level (A): <u>10</u> Feet Below Land Surface	Other (specify): <u>String</u>
Pumping Water Level (B): <u>60</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>30+</u> GPM with a drawdown of
Test Pumping Rate: <u>30+</u> Gallons Per Minute	<u>40</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 & Heil, Inc. #0-8      Harold Heil  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer