

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-47
L. S. Elevation: _____
E-log #: _____

County: Jasper
Permit #: _____
Driller: McDonnell & Hill Inc.
Date drilling completed: 10-27-06

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
City State Zip Code	1/4 Sec <u>27</u> Twn <u>2N</u> Rng <u>10E</u>
Telephone No: <u>(601) 764-7727</u>	Distance _____ Direction _____ of Nearest Town <u>Bay Springs</u>

Well Data well # 2

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

Date well drilling started: 10-24-06 Date well drilling completed: 10-27-06

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

Static Water Level: 15 feet above or below (circle one) land surface Date measured: 10-27-06

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

Hole depth: 106 Well depth: 106 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 66 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: .006 inches Setting depth: From 40 feet to 80 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.

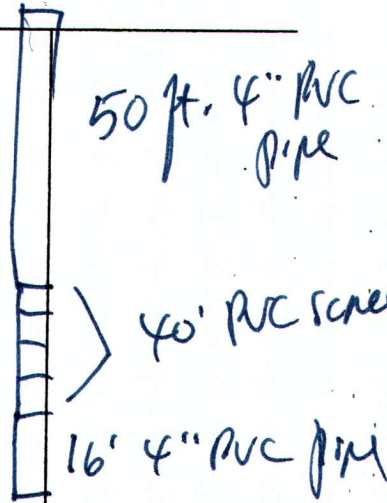
McDonnell & Hill, Inc. #008 Harold Hill
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED
NOV 14 2006
BY: OLWR

J-47

If well telescopes please sketch below and show depths.

Ground Level

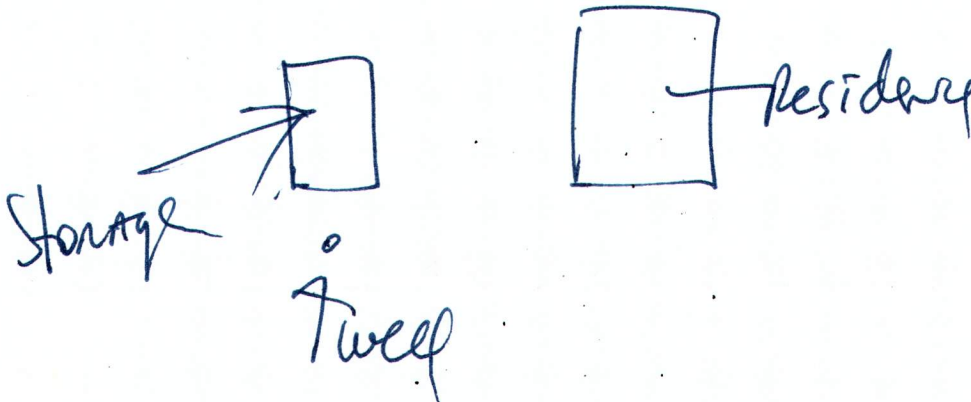


Description of Formations Encountered	From	To
CLAY	0	20
SHALE	20	40
SANDY	40	80
SHALE	80	106

Note: well NO 1 WAS NO good

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: ORLAND STANKARD

Harold Hill
Signature of Water Well Contractor

RECEIVED
NOV 14 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 #: J-47
 Elevation: _____

County: Itasca
 Permit #: _____
 Driller: McDonald & Heil
 Date completed: 10-27-06

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

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<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>10-27-06</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>35</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-27-06</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>15</u> Feet Below Land Surface	Other (specify): <u>String</u>
Pumping Water Level (B): <u>50</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>35</u> Feet Below Land Surface	Well yielded <u>35+</u> GPM with a drawdown of
Test Pumping Rate: <u>35+</u> Gallons Per Minute	<u>35</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 #008 Harold Heil
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 NOV 14 2006
 BY: OLWR