

# 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 #: A 40  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Newton 101  
Permit #: \_\_\_\_\_  
Driller: McDONALD & Hill  
Date drilling completed: 1-24-05

McDonald and Hill, Inc

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: James Starckland  
Mailing Address: 2997 - Sulphur Springs Rd  
Conehatta MS 39057  
City State Zip Code  
Telephone No. (601) 625-8862

### Well Location

Latitude: 32° 31' 16" Longitude: 89° 19' 02"  
Method of Survey (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS  
NE 1/4 SW 1/4 Sec 24 Twn 8N Rng 10E  
Distance 5 Miles Direction NW of Nearest Town Conehatta

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other Chickens  
Date well drilling started: 1-21-05 Date well drilling completed: 1-24-05  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 50 feet above or below (circle one) land surface Date measured: 1-24-05  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 200 Well depth: 200 Well grouted to a depth of 10 feet  
Type of grout (circle one): Cement Bentonite Mix  
Casing length: 160 feet Casing diameter: 4 inches Type of casing: PVC  
Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC  
Screen slot size: .012 inches Setting depth: From 160 feet to 200 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  
Print Name of Water Well Contractor and License No.

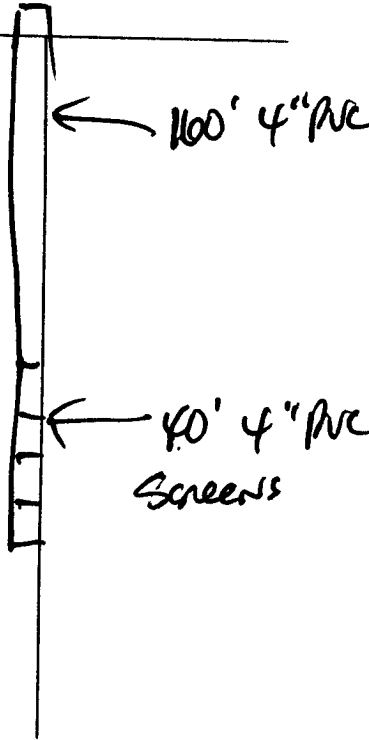
Bar Hill  
Signature of Water Well Contractor

RECEIVED  
FEB 07 2005  
BY: OLWR

If well telescopes please sketch below and show depths.

A-40

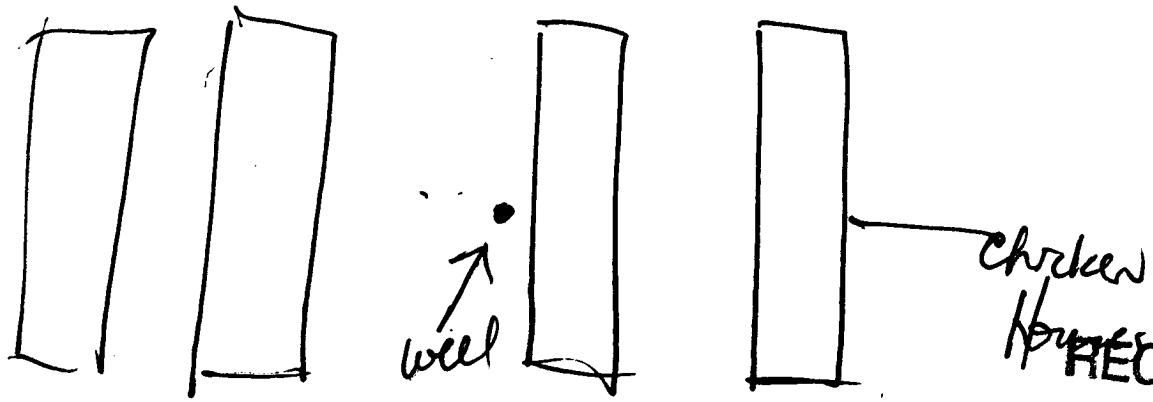
Ground Level



Description of Formations Encountered	From	To
CLAY, SAND ST	0	30
SHALE	300	100
SANDY SHALE	100	150
SAND - SPANDA	150	198
SHALE	198	200

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: James Strickland

Bar Hill  
Signature of Water Well Contractor

Chicken House  
RECEIVED  
FEB 07 2005  
BY: OLWR  
  
RECEIVED  
FEB 07 2005  
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)

County: Newton  
Permit #:  
Driller: McDonnell & Heel  
Date completed: 2-1-05

**For Office Use Only:**  
Aquifer:  
Well #: A-40  
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>James Starckland</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2997 - Sulphur Springs</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Conehatta MS 39057</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>21</u> Twn <u>8N</u> Rng <u>10E</u>
Telephone No. <u>601 625-8862</u>	Distance Direction Nearest Town
	<u>5</u> Miles <u>NW</u> of <u>Conehatta</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input 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 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>2-1-05</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>2-1-05</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>50</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>105</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>55</u> Feet Below Land Surface	Well yielded <u>60+</u> GPM with a drawdown of
Test Pumping Rate: <u>60+</u> Gallons Per Minute	<u>55</u> feet after <u>2</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.

McDonnell & Heel #0-8 Print Name of Pump Installer and License No. (if applicable)

Boo Heel Signature of Pump Installer

RECEIVED

FEB 07 2005

BY: OLWR