

# 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 #: C-44

L. S. Elevation: \_\_\_\_\_

E-log #: \_\_\_\_\_

County: Newton  
Permit #: \_\_\_\_\_  
Driller: McDonald & Heil  
Date drilling completed: 9-8-06

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>Mickey Howard</u>	Latitude: <u>32° 30' 43"</u> Longitude: <u>89° 04' 12"</u>
Mailing Address: <u>903 - Bonita Dr.</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Mendota MS 39301</u>	SC <input type="checkbox"/> 1/4 NE <input type="checkbox"/> 1/4 Sec <u>24</u> Twn <u>8N</u> Rng <u>12E</u>
City State Zip Code	Distance <u>2.8</u> Miles Direction <u>SE</u> of Nearest Town <u>Clayton</u>
Telephone No: <u>601-934-5498</u>	

Well Data

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

Date well drilling started: 9-5-06 Date well drilling completed: 9-8-06

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

Static Water Level: 115 feet above or below (circle one) land surface Date measured: 9-8-06

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

Hole depth: 220 Well depth: 220 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 190 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 008 inches Setting depth: From 190 feet to 220 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 & Heil, Inc. 008  
Print Name of Water Well Contractor and License No.

Harold Heil  
Signature of Water Well Contractor

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SEP 29 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 #: C-44

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

County: Meridian

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

Driller: McDonnell & Heil

Date completed: 9-9-06

**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>Mickey Howard</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>903 Bonita Dr</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Meridian MS - 39301</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>21</u> Twn <u>8N</u> Rng <u>12E</u>
Telephone No. <u>601 948 5498</u>	Distance Direction Nearest Town
	<u>3</u> Miles <u>SE</u> of <u>UNION</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2</u>
Date Pump Installed: <u>9-9-06</u>	Setting Depth: <u>200</u> feet
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-9-06</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>115</u> Feet Below Land Surface	Other (specify): <u>String</u>
Pumping Water Level (B): <u>155</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>40</u> Feet Below Land Surface	Well yielded <u>20</u> GPM with a drawdown of
Test Pumping Rate: <u>20</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.

McDonnell & Heil Inc 008  
 Print Name of Pump Installer and License No. (if applicable)

Harold Heil  
 Signature of Pump Installer

**RECEIVED**

SEP 29 2006

**BY: OLWR**