

# 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)

County: Newton 101

Permit #:

Driller: McDonald & Hill Inc.

Date drilling completed: 1-27-05

For Office Use Only:

Aquifer:

Well #: G-61

L. S. Elevation: CA7

E-log #:

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: Scott Smith

Mailing Address: 13469 Hickory  
Little Rock rd  
Little Rock MS 39337

City State Zip Code

Telephone No. 601 774-8246

### Well Location

Latitude: 32° 29' 10" Longitude: 89° 01' 07"

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS, Survey-grade GPS

SE 1/4 SE 1/4 Sec 7 Twn 7N Rng 12E

Distance

3 Miles

Direction

SE of

Nearest Town

Little Rock

### Well Data

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

Date well drilling started: 1-25-05 Date well drilling completed: 1-27-05

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

Static Water Level: 135 feet above or below (circle one) land surface Date measured: 1-27-05

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

Hole depth: 190 Well depth: 190 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 150 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 0/2 inches Setting depth: From 150 feet to 190 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.

Signature of Water Well Contractor: Bar Hill

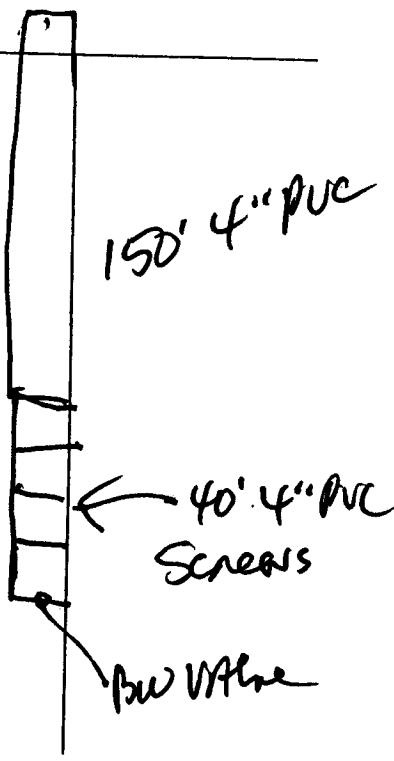
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BY: OLWR

If well telescopes please sketch below and show depths.

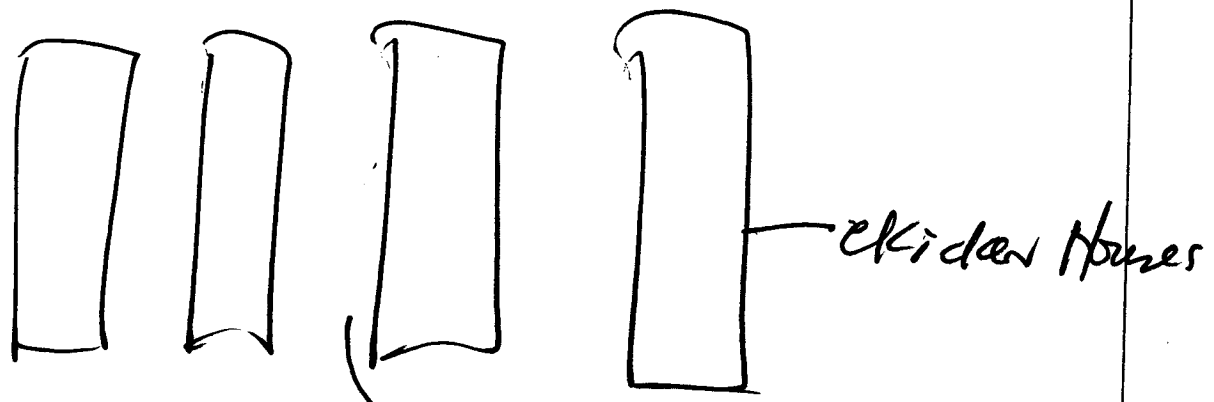
Ground Level



Description of Formations Encountered	From	To
CLAY, SAND	0	50
ROCK, SHALE	50	140
SAND # 10	140	196

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: Scott Smith

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Bur Hiee  
Signature of Water Well Contractor

# 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 #: G-61  
Elevation: \_\_\_\_\_

County: Newbern  
Permit #: \_\_\_\_\_  
Driller: McDonald & Heil  
Date completed: 2-1-05

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>Scott Smith</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>13469 - Hickory</u> <u>Little Rock Rd</u> <u>Little Rock Ms. 39337</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code: _____	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. <u>(601) 774-8246</u>	Distance Direction Nearest Town <u>3</u> Miles <u>SE</u> of <u>Little Rock</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> Submersible <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3</u>
Date Pump Installed: <u>2-1-05</u>	Setting Depth: <u>190</u> feet
Rated Pump Capacity: <u>35</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-1-05</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>135</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>190</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>180</u> Feet Below Land Surface	Well yielded <u>35.40</u> GPM with a drawdown of
Test Pumping Rate: <u>35</u> Gallons Per Minute	<u>35</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.

Print Name of Pump Installer and License No. (if applicable): McDonald & Heil 0-8

Signature of Pump Installer: Bob Heil

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