

# 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 #: G-62  
L. S. Elevation: CAG  
E-log #: \_\_\_\_\_

County: Newton  
Permit #: \_\_\_\_\_  
Driller: McConard & Hie  
Date drilling completed: 2-24-05

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>Scott Smith</u>	Latitude: <u>32° 29' 10"</u> Longitude: <u>89° 01' 07"</u>
Mailing Address: <u>13469 - Hickory</u> <u>Little Rock MS</u> City State Zip Code	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
Telephone No: <u>(601) 774-8246</u>	SE 1/4 SE 1/4 Sec <u>X</u> Twn <u>7N</u> Rng <u>12E</u>
	Distance <u>3</u> Miles Direction <u>SE</u> of Nearest Town <u>Little Rock</u>

Note: 1<sup>st</sup> well drilled 1-29-05 Well Data July SAND among screens  
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Chickens

Date well drilling started: 2-21-05 Date well drilling completed: 2-22-05

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 135 feet above or below (circle one) land surface Date measured: 2-22-05

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 Johnson  
Screen slot size: 20-006 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.

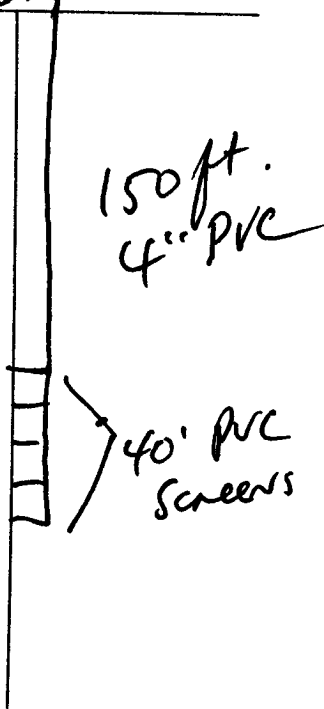
Print Name of Water Well Contractor and License No. McConard & Hie # 0-8 Signature of Water Well Contractor: [Signature]

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If well telescopes please sketch below and show depths.

Ground Level

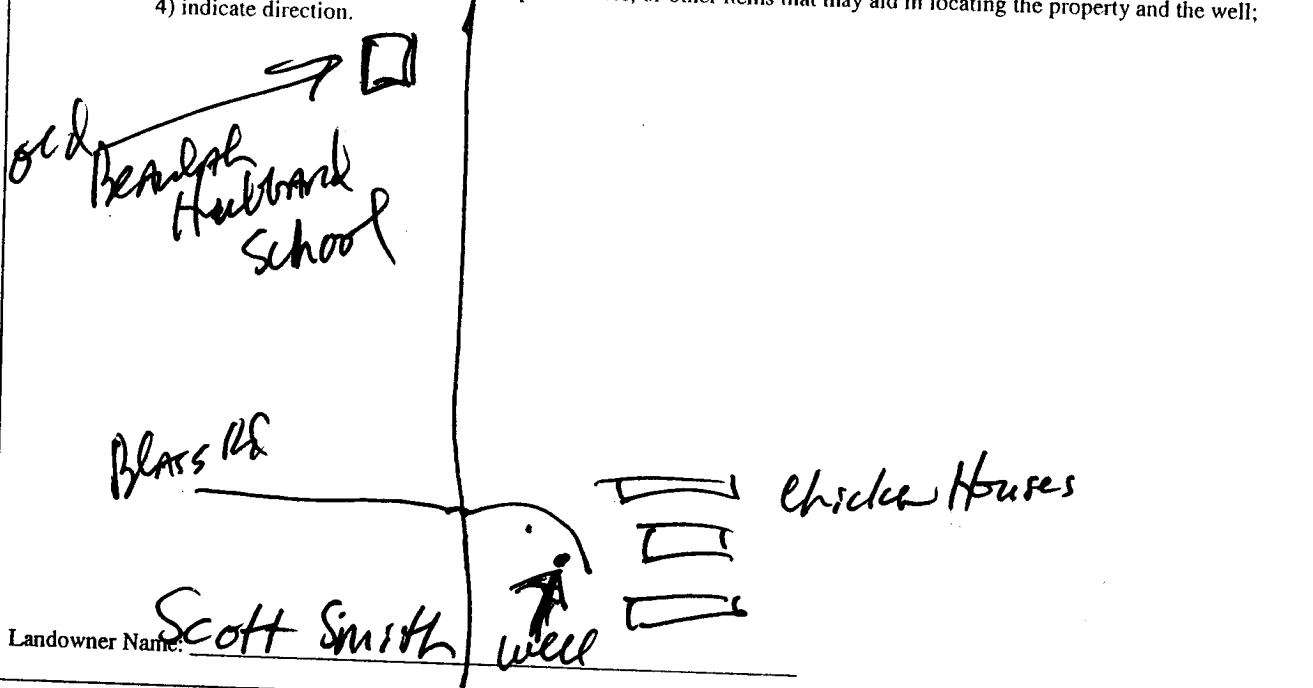
G-62



Description of Formations Encountered	From	To
CLAY & SAND	0	50
Rock & shale	50	140
SAND	140	190
HAD LOTS OF FINE SAND & ISENGLAS.		

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.



Prodie  
Signature of Water Well Contractor

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# 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: Newport  
 Permit #: \_\_\_\_\_  
 Driller: McDonald & Hill  
 Date completed: 2-24-05

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: G-62  
 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>Scott Smith</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>13469 - Hickory</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Little Rock Ms. 39337</u>	_____ 1/4 _____ 1/4 Sec. <u>1</u> Twn <u>7N</u> Rng <u>12E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No: <u>601, 774-8246</u>	<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"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3</u>
Date Pump Installed: <u>2-24-05</u>	Setting Depth: <u>180</u> feet
Rated Pump Capacity: <u>25</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-24-05</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>135</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>180</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>20</u> Feet Below Land Surface	Well yielded <u>40+</u> GPM with a drawdown of
Test Pumping Rate: <u>40+</u> Gallons Per Minute	<u>20</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.

McDonald & Hill # 0-8 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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