

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961-5210
(601)961-5228 (fax)

County: Newton
Permit #: _____
Driller: McDonald & Hill
Date drilling completed: 11/5/08

For Office Use Only:
Aquifer: _____
Well #: G-64
L. S. Elevation: _____
E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Newton County High School</u>	Latitude: <u>32° 25' 30"</u> Longitude: <u>89° 05' 30"</u>
Mailing Address: <u>10230</u> <u>P.O. Box 278</u> <u>Decatur MS 39327</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS NW 1/4 NE 1/4 Sec <u>29</u> Twn <u>7N</u> Rng <u>12E</u>
Telephone No. () _____	Distance _____ Miles _____ Direction <u>S</u> of Nearest Town <u>Decatur</u>

Well / Borehole Data

Date drilling started: 10/30/08 Date drilling completed: 11/5/08 Hole depth: 350 Hole diameter: 7"

Location of the source of any surface water used for drilling: Community Water Source
Method of dosing and volume of Chlorine used in drilling and development: 116ppm 1,000 gallons

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
Seismic Survey _____ Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

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

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

Static Water Level: 120 feet above or below (circle one) land surface Date measured: 11/5/08

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

Well depth: 320 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 240 feet Casing diameter: 5 inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 2 inches Type of screen: Johnson PVC

Screen slot size: #.006 inches Setting depth: From 260 feet to 320 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
Other (describe): _____

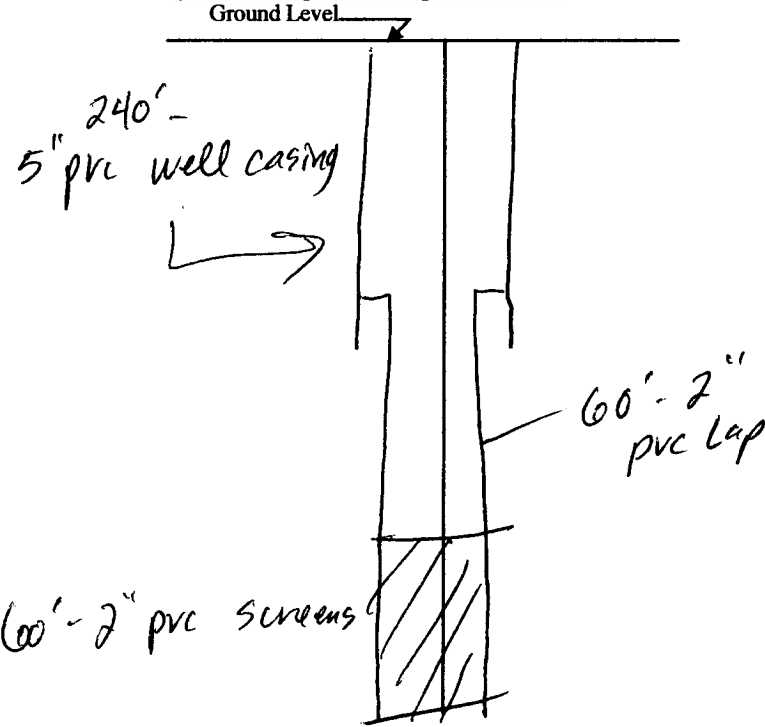
Top of lap pipe or reduction in casing: 200 feet. **If telescoped or more than one screen, describe on next page**

Form: OLWR-SWR-1A (04/08)

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The sketch below only required for water wells

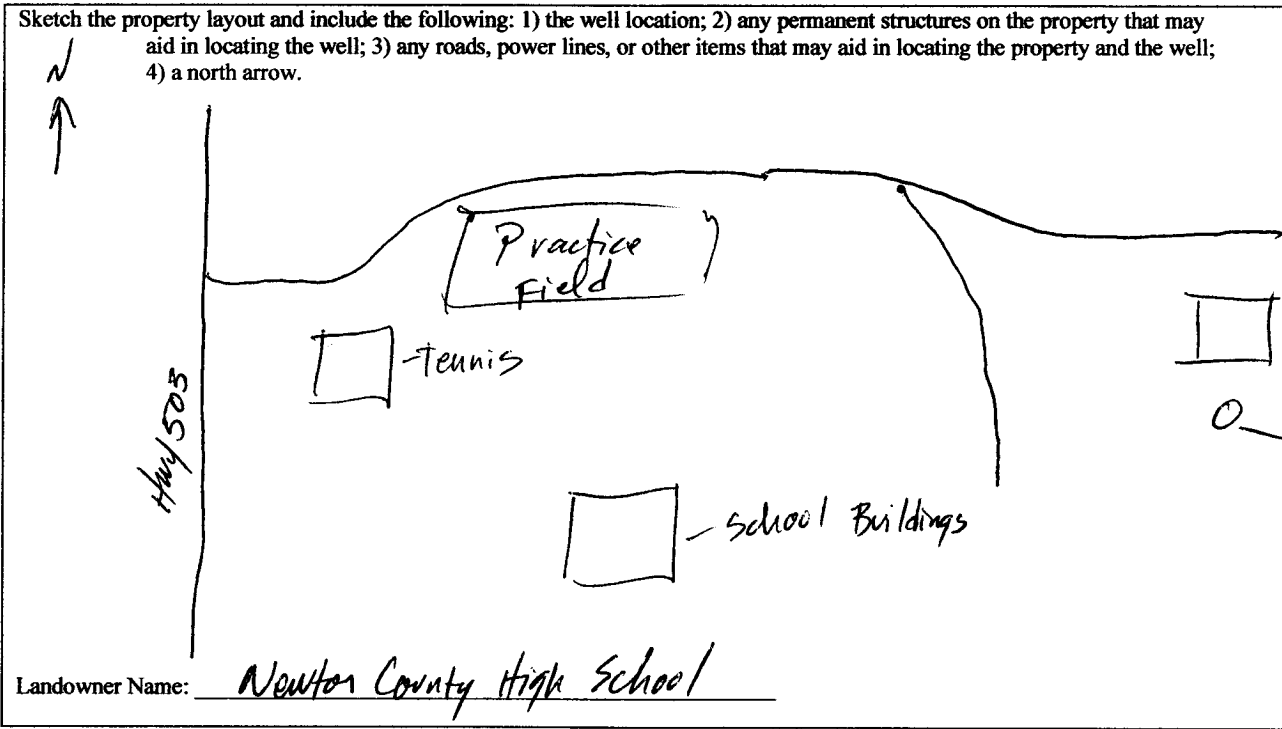
If well telescopes, show depths on sketch.



If more than one screen, show location of each on sketch

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Sand	Ground Level	60
Shale	60	90
Shale/Rock Strunks	90	120
Sand	120	160
Shale	160	190
sandy shale	190	240
shale	240	260
sand	260	340
shale	340	350



Form: OLWR-SWR-1A (04/08)

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

McDonald & Hill, Inc #0-8
 Print Name of Responsible Licensee and License No.

11/26/08
 Date

Harold Hill
 Signature of Licensee

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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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Newton
 Permit #: _____
 Driller: McDonald & Hill, Inc
 Date completed: 11/24/08
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: G-69
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Newton County High School</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 278</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Decatur MS 39327</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>29</u> T <u>7N</u> R <u>12E</u>
Telephone No. (____) _____	Distance Direction Nearest Town
	<u>1</u> Miles <u>S</u> of <u>Decatur</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 Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>7.5</u>
Date Pump Installed: <u>11/24/08</u>	Setting Depth: <u>200'</u> feet
Rated Pump Capacity: <u>85</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11/24/08</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>120</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>160</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>80+</u> GPM with a drawdown of
Test Pumping Rate: <u>85</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.

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

Form: OLWR-SWR-1B (04/08)

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