

# 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 #: E-61  
L. S. Elevation: 665  
E-log #: \_\_\_\_\_

County: Newton  
Permit #: \_\_\_\_\_  
Driller: McDonald-Hill, Inc  
Date drilling completed: \_\_\_\_\_

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>Eddie Smith</u>	Latitude: <u>32° 24' 53"</u> Longitude: <u>81° 06' 56"</u>
Mailing Address: <u>255 Lewis Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Decatur, Ms. 39327</u> City State Zip Code	<u>SW 1/4 SW 1/4 Sec 25 Twn 7N Rng 11E</u>
Telephone No. <u>(601) 635-3632</u>	Distance <u>2</u> Miles <u>South</u> of <u>Decatur</u>

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: 5-14-07 Date well drilling completed: 5-18-07  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 180' feet above or below (circle one) land surface Date measured: 5-18-07  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 420' Well depth: 420' Well grouted to a depth of 10 feet  
Type of grout (circle one): Cement Bentonite Mix  
Casing length: 380 feet Casing diameter: 4" inches Type of casing: PVC  
Screen length: 40 feet Screen diameter: 2" inches Type of screen: PVC  
Screen slot size: #.010 inches Setting depth: From 380 feet to 420 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: 280' 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.

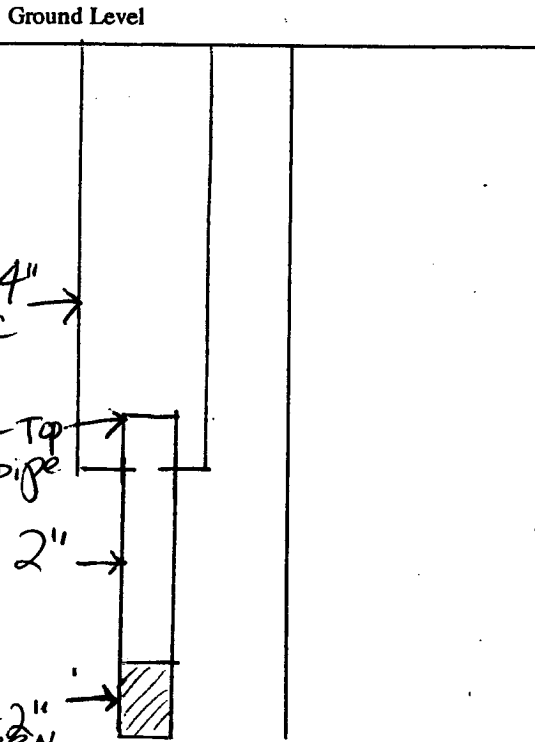
McDonald-Hill, Inc #0-8  
Print Name of Water Well Contractor and License No.

Harold Hise  
Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

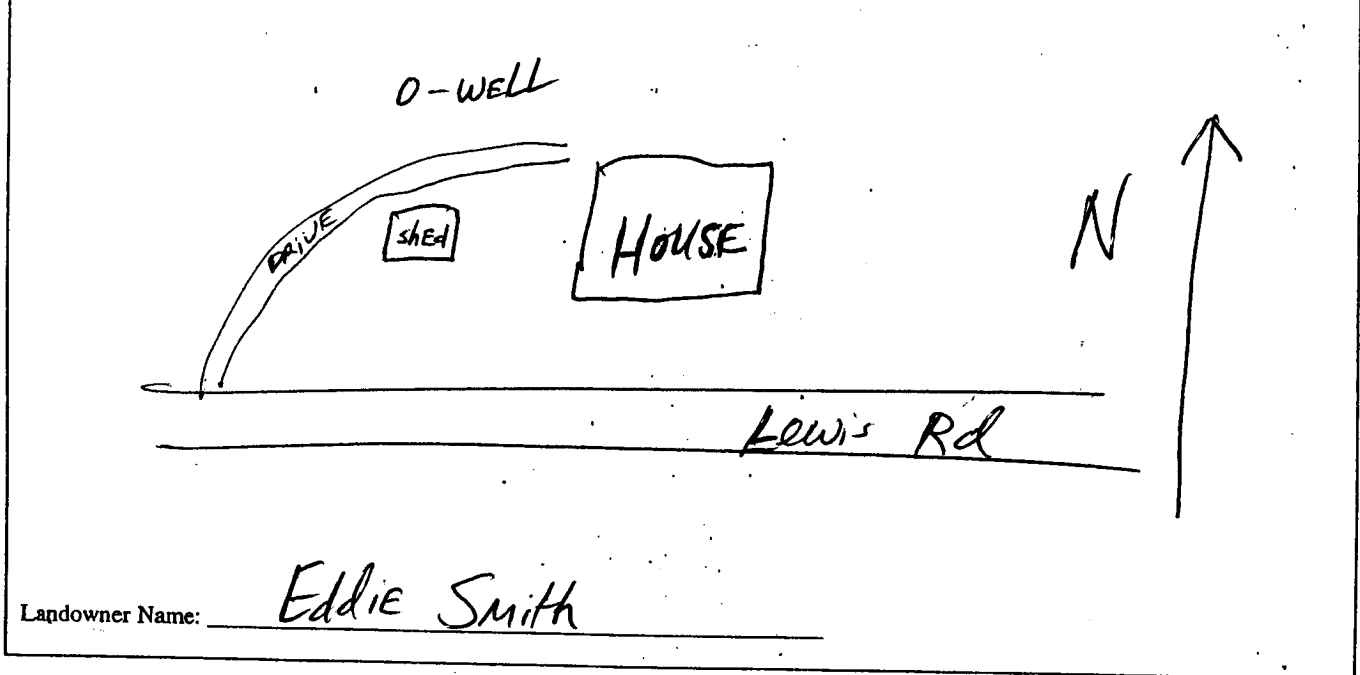
F-61



300' - 4" PVC  
 280' - Top of LAP pipe  
 100' - 2" PVC  
 40' - 2" screen

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.



David Hill  
 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)

**For Office Use Only:**

Aquifer: E65  
 Well #: E-61  
 Elevation: \_\_\_\_\_

County: Newton  
 Permit #: \_\_\_\_\_  
 Driller: McDonald-Hill, Inc  
 Date completed: 5-25-07

**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>Eddie Smith</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>255 Lewis Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Decatur, Ms. 39307</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>25</u> Twn <u>7N</u> Rng <u>1E</u> _____ 12E
Telephone No: <u>(601) 635-3632</u>	Distance Direction Nearest Town <u>2</u> Miles <u>South</u> of <u>Decatur</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine <input type="radio"/>	<u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal Rotary Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2 hp</u>
Date Pump Installed: <u>5-25-07</u>	Setting Depth: <u>220'</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>16</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-25-07</u>	Air Line Electric Measuring Line <u>Steel Tape</u> <input type="radio"/>
Static Water Level (A): <u>180</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>198</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>18</u> Feet Below Land Surface	Well yielded <u>35</u> GPM with a drawdown of
Test Pumping Rate: <u>20</u> Gallons Per Minute	<u>18</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 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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