

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 #: H20
L. S. Elevation: _____
E-log #: _____

JCI

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>Byron Alexander</u>	Latitude: <u>32° 26' 53"</u> Longitude: <u>88° 56' 43"</u>
Mailing Address: <u>8648 - Cheney Duffee</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Little Rock MS 39337</u> City State Zip Code	<u>NW 1/4 SW 1/4 Sec 14 Twn 7N Rng 13W</u>
Telephone No. <u>601-986-4020</u>	Distance <u>3 1/2</u> Miles Direction <u>S</u> of Nearest Town <u>Duffee</u>

Well Data

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

Date well drilling started: 11-29-04 Date well drilling completed: 12-1-04

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

Static Water Level: 110 feet above or below (circle one) land surface Date measured: 12-1-04

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

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: .012 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.

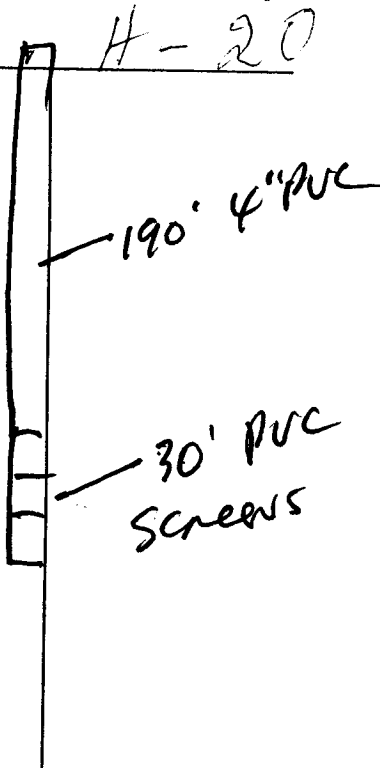
McDonald & Hill, Inc. #008
Print Name of Water Well Contractor and License No.

Byron Hill
Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

Ground Level

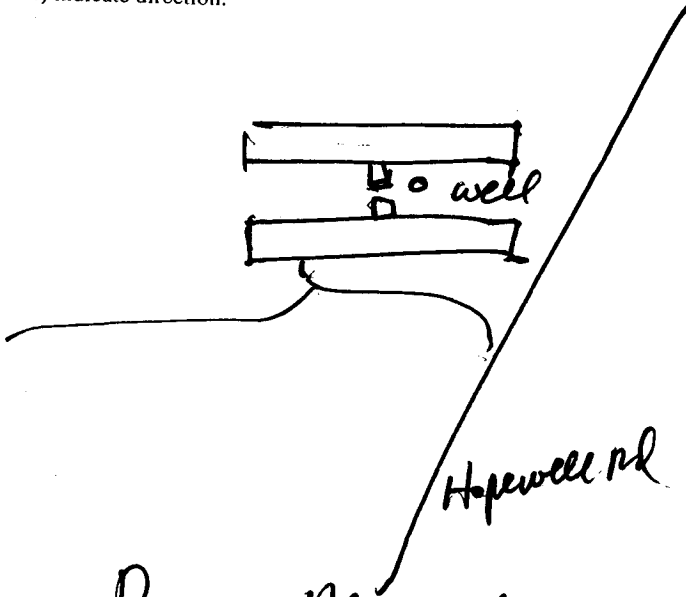


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Description of Formations Encountered	From	To
CLAY & SAND	0	18
ROCK, SHALE	18	100
SANDY SHALE	100	120
SHALE	120	190
SAND, SHALE STG	190	220

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: Byron Alexander

Bob Heig
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: Newbern
Permit #:
Driller: McDonald & Hill
Date completed: 12-07-04

For Office Use Only:
Aquifer:
Well #: H-20 101
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>Byron Alexander</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>8648 - Cherry Duffie</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>Little Rock, Ms. 39337</u>	1/4 _____ 1/4 Sec <u>14</u> Twn <u>7N</u> Rng <u>13N</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>601 986-4020</u>	<u>3 1/2</u> miles <u>S</u> of <u>Duffie</u>

Pump Type Circle one	Power Type Circle one
Air Lift Bucket Centrifugal Other (specify): _____	Diesel Engine Gasoline Engine Natural Gas Hand Tractor PTO Other (specify): _____
Jet Piston Rotary Submersible Turbine Flowing Well	Electric Motor Windmill
Date Pump Installed: <u>12-7-04</u>	Horse Power Rating of Motor: <u>2</u>
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Setting Depth: <u>180</u> feet
	Number of Stages: <u>16</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-7-04</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>110</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>135?</u> Feet Below Land Surface	Well yielded <u>25</u> GPM with a drawdown of
Test Pumping Rate: <u>25</u> Gallons Per Minute	<u>25?</u> feet after <u>2</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>2</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

HAROLD HILL
Print Name of Pump Installer and License No. (if applicable)

Harold Hill
Signature of Pump Installer

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JAN 04 2005
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