

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 #: H-23
L. S. Elevation: _____
E-log #: _____

County: Newton
Permit #: _____
Driller: McDonald & Heil
Date drilling completed: 12-12-05

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>Craig Thaggard</u>	Latitude: <u>32° 28' 20"</u> Longitude: <u>89° 00' 13"</u>
Mailing Address: <u>12623 - Hickory Ln</u>	Method of Lat/Long (circle one): Conventional Survey, <input checked="" type="checkbox"/> USGS quad, Hand-held GPS, Survey-grade GPS
<u>Little Rock MS - 39327</u>	SE 1/4 SE 1/4 Sec <u>7</u> Twn <u>7N</u> Rng <u>13E</u>
City State Zip Code	Distance <u>7</u> Miles Direction <u>N</u> of Nearest Town <u>Hickory</u>
Telephone No. <u>(601) 635-5296</u>	

Well # 1

Well Data

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

Date well drilling started: 12-6-05 Date well drilling completed: 12-12-05

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

Static Water Level: 100 feet above or below (circle one) land surface Date measured: 1-12-05

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

Hole depth: 220 Well depth: 220 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 180 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 006/008 inches Setting depth: From 160 feet to 200 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): _____

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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.

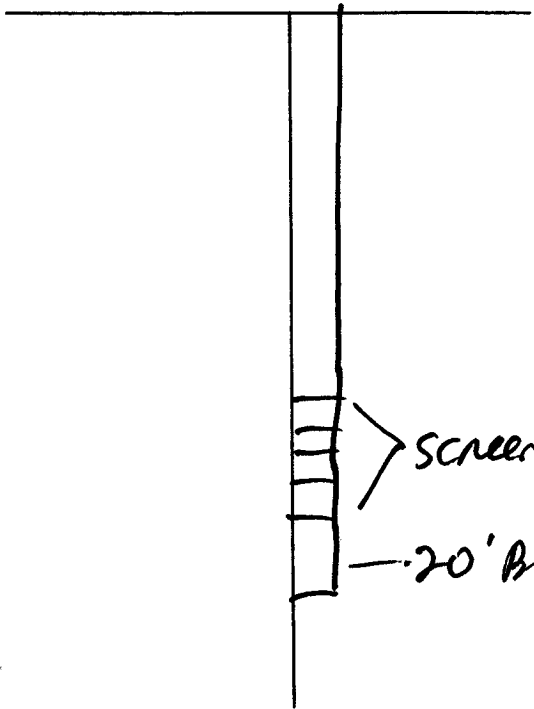
McDonald & Heil, Inc. #0-8
Print Name of Water Well Contractor and License No.

Harold Heil
Signature of Water Well Contractor

H-23

If well telescopes please sketch below and show depths.

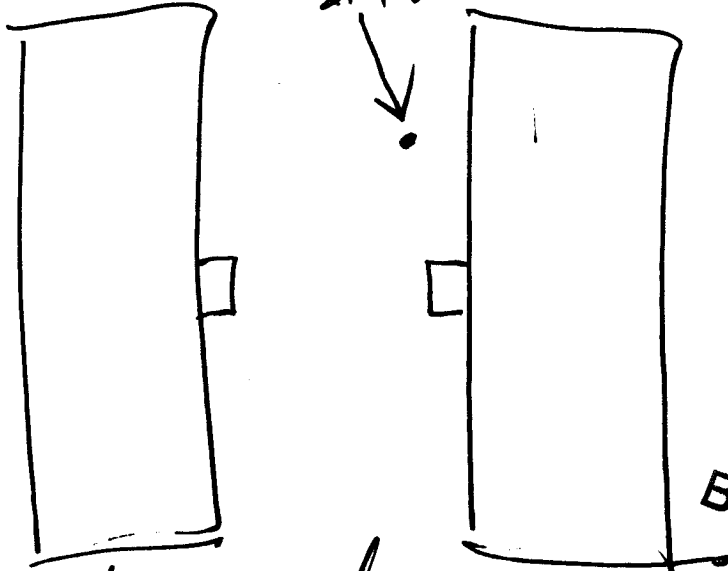
Ground Level



Description of Formations Encountered	From	To
Red SAND	0	15
CLAY, SAND Rock	15	40
Rock, streaks, shale	40	140
SANDY	140	150
SANDY SHALE	150	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.



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Landowner Name: Charg Thaggard

Harold Hill
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)

County: Newton
Permit #: _____
Driller: McDonald & Heil
Date completed: 1-9-06

For Office Use Only:
Aquifer: _____
Well #: H-23
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>Craig Thaggard</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>12623 - Hickory Ln, Little Rock, MS - 39327</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: <u>Little Rock</u> State: <u>MS</u> Zip Code: <u>39327</u>	1/4 _____ 1/4 Sec <u>7</u> Twn <u>7N</u> Rng <u>13E</u>
Telephone No. <u>601, 635-5296</u>	Distance _____ Direction <u>N</u> of Nearest Town <u>Hickory</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
Bucket: <input type="checkbox"/> Piston <input type="checkbox"/> Turbine	<input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
Centrifugal: <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2</u>
Date Pump Installed: <u>1-9-06</u>	Setting Depth: <u>180</u> feet
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-9-06</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tap <input type="checkbox"/>
Static Water Level (A): <u>100</u> Feet Below Land Surface	Other (specify): <u>Spring</u>
Pumping Water Level (B): <u>180</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>100</u> feet
Drawdown [(B) - (A)]: <u>25+</u> Feet Below Land Surface	Well yielded <u>30+</u> GPM with a drawdown of
Test Pumping Rate: <u>25</u> Gallons Per Minute	<u>30+</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

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