

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 #: J 88
L. S. Elevation: _____
E-log #: _____

County: Newton 101
Permit #: _____
Driller: McDonald & Hill, INC.
Date drilling completed: 1-20-05

McDonald and Hill, Inc

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

Owner Name: QUOC TRAN
Mailing Address: 1306 - LAWRENCE CONDOMINIUM
LAWRENCE MS 39336
City State Zip Code
Telephone No. 601 683-2560

Well Location

Latitude: 32° 33' 39" Longitude: 89° 15' 40"
Method of Location (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
SW 1/4 NE 1/4 Sec 10 Twn 6N Rng 10E
Distance Direction Nearest Town
1/2 Miles NW of Lawrence

Note: 2 wells EXACTLY the same

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other Chicken's
Date well drilling started: 1-5-05 Date well drilling completed: 1-20-05

If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 142 feet above or below (circle one) land surface Date measured: 1-14 + 1-20-05

Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 500 Well depth: 500 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix
Casing length: 410 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 31 feet Screen diameter: 2 1/2 inches Type of screen: PVC + galv
Screen slot size: .010 inches Setting depth: From 430 feet to 500 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: 399 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.

BW Hill RECEIVED
Signature of Water Well Contractor FEB 07 2005

BY: OLWR

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: _____
Well #: _____
Elevation: _____

County: Newton
Permit #: _____
Driller: _____
Date completed: 2-1-05

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>Quoc TRAN</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1306 - Lawrence</u> <u>Lowhatch Rd</u> <u>Lawrence MS. 39336</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>10</u> Twp <u>6N</u> Rng <u>10E</u>
Telephone No. <u>601 683-2560</u>	Distance _____ Direction _____ Nearest Town _____ <u>1/4</u> Miles <u>NW</u> of <u>Lawrence</u>

Pump Type Circle one	Power Type Circle one
Air Lift Bucket Centrifugal Other (specify): _____ Date Pump Installed: _____ Rated Pump Capacity: <u>35</u> Gallons Per Minute	Jet Piston Rotary Flowing Well Diesel Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>5</u> Setting Depth: <u>240</u> feet Number of Stages: <u>16</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-1-05</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>142</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>200</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>60</u> Feet Below Land Surface	Well yielded <u>30-40</u> GPM with a drawdown of
Test Pumping Rate: <u>30-40</u> Gallons Per Minute	<u>60</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.

Mr. Donald & Thel. Inc 0-8 Print Name of Pump Installer and License No. (if applicable)

Bor Heil Signature of Pump Installer