

# 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-95  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Newton  
Permit #: \_\_\_\_\_  
Driller: McDonald-Hill Inc.  
Date drilling completed: 12-6-07

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>Justin Grover</u>	Latitude: <u>32° 23' 37"</u> Longitude: <u>89° 13' 52"</u>
Mailing Address: <u>135 Braddock Rd.</u> <u>Decatur MS 39327</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SE</u> ¼ <u>NW</u> ¼ Sec <u>1</u> Twn <u>6N</u> Rng <u>10E</u>
Telephone No. ( <u>601</u> ) <u>479-9256</u>	Distance: <u>5</u> Miles Direction: <u>NW</u> of Nearest Town: <u>Newton</u>

**Well Data**

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

Date well drilling started: 12-3-07 Date well drilling completed: 12-6-07

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

Static Water Level: 200 feet above or below (circle one) land surface Date measured: 12-6-07

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

Hole depth: 493 Well depth: 480 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: 600 feet Screen diameter: 2 inches Type of screen: Johnson - PVC

Screen slot size: #.010 inches Setting depth: From 420 feet to 480 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: 340 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. 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: \_\_\_\_\_

Well #: J-95

Elevation: \_\_\_\_\_

County: Newton  
Permit #: \_\_\_\_\_  
Driller: McDonald-Hill  
Date completed: 12-10-07

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>Justin Grover</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>135 Braddock Rd.</u> <u>Decatur, Ms. 39327</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>1</u> Twn <u>6N</u> Rng <u>10E</u>
Telephone No. <u>(601) 479-9250</u>	Distance _____ Direction _____ Nearest Town _____ <u>5</u> Miles <u>NW</u> of <u>Newton</u>

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ <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>1.5</u>
Date Pump Installed: <u>12-10-07</u>	Setting Depth: <u>340</u> feet
Rated Pump Capacity: <u>7</u> Gallons Per Minute	Number of Stages: <u>24</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-10-07</u>	Air Line _____ Electric Measuring Line _____ <u>Steel Tape</u>
Static Water Level (A): <u>200</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>217</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>17</u> Feet Below Land Surface	Well yielded <u>20</u> GPM with a drawdown of _____
Test Pumping Rate: <u>10</u> Gallons Per Minute	<u>17</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  
Print Name of Pump Installer and License No. (if applicable)

Harold Hill  
Signature of Pump Installer

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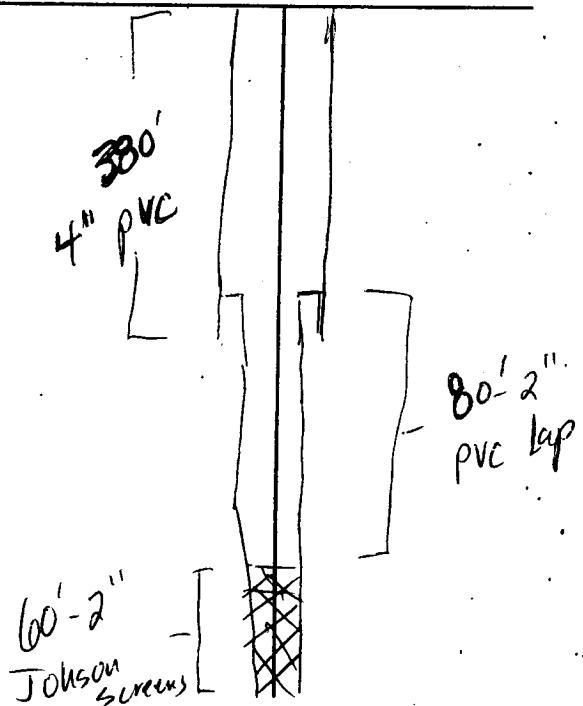
JAN 04 2008

BY: OLWR

If well telescopes please sketch below and show depths.

J-95

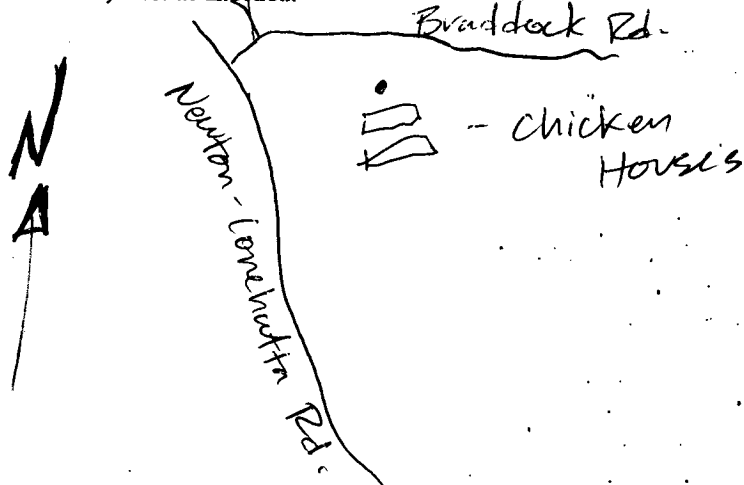
Ground Level



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

Description of Formations Encountered	From	To
Sand	0	30
Clay	30	40
Sand Rock streaks	40	60
Clay Rock streaks	60	75
Shale	75	135
Sand	135	140
shale sand st.	140	150
Shale	150	167
sandy shale	167	186
Shale	186	230
sand shale st.	230	272
Sand	272	356
Shale	356	377
Shale - sandy st.	377	398
shale Rock st.	398	419
Sand	419	420

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: Justin Groves

*Harold Hill*

Signature of Water Well Contractor

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