

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 #: K-100

L. S. Elevation: _____

E-log #: _____

County: Newton

Permit #: _____

Driller: McDonnell & Hill

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

Owner Name: Jimmy Coghlan

Mailing Address: 3569 - Old 15 N

Decatur MS 39327
City State Zip Code

Telephone No. 601 635-2864

Well Location

Latitude: 32° 30' 40" Longitude: 87° 08' 06"

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS, Survey-grade GPS

SE 1/4 NE 1/4 Sec. 2 Twn 6N Rng 11E

Distance

3 Miles

Direction

SW of

Nearest Town

Decatur

Well Data

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

Date well drilling started: 2-22-05

Date well drilling completed: 2-23-05

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

Static Water Level: 170 feet above or below (circle one) land surface

Date measured: 2-23-05

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

steel tape

electric tape

air line

other: _____

Hole depth: 320

Well depth: 320

Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Bentonite

Mix

Casing length: 247 feet

Casing diameter: 4 inches

Type of casing: PVC

Screen length: _____ feet

Screen diameter: _____ inches

Type of screen: _____

Screen slot size: _____ inches

Setting depth: From _____ feet to _____ 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.

McDonnell & Hill, Inc. #0-8

Print Name of Water Well Contractor and License No.

Bur Hill

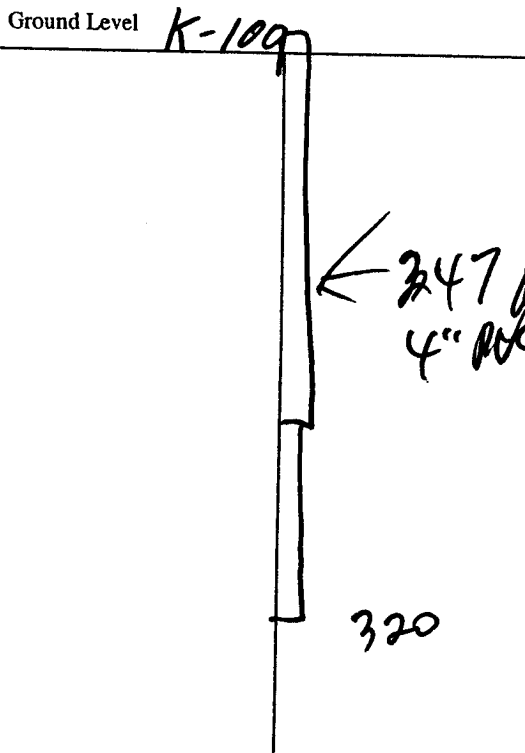
Signature of Water Well Contractor

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FEB 28 2005

BY: OLWR

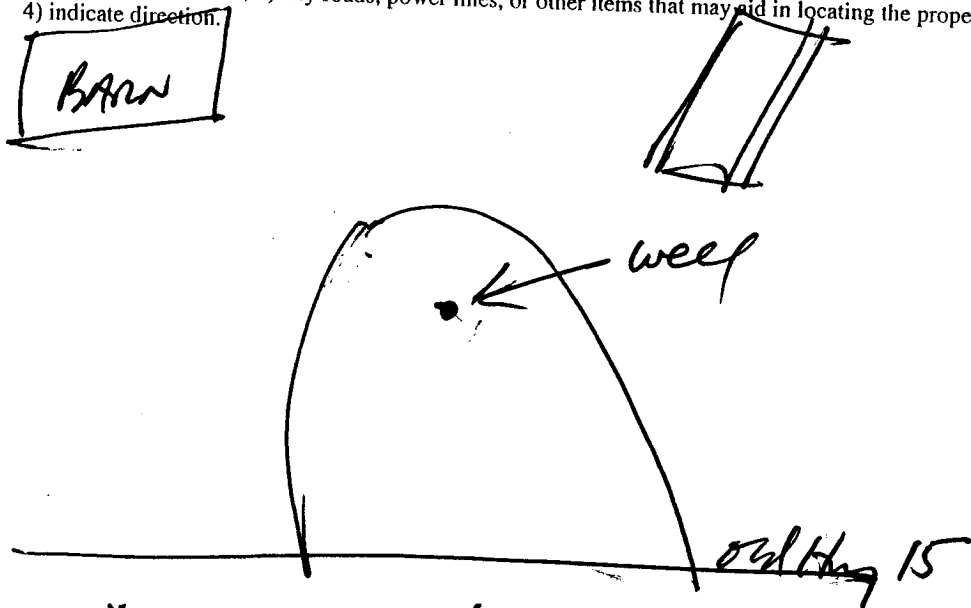
If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
Clay	0	15
Shale	15	57
SAND	57	62
SHALE, LG	62	120
SAND, shale st	120	185
SANDY SHALE	185	220
SHALE	220	248
Rock, shale, green st	248	275
GREEN SAND	275	293
SHALE, Rock st	293	320

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: Jimmy Coghlan

Bob 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)

County: Newton
 Permit #: _____
 Driller: McDonald & Hill
 Date completed: _____

For Office Use Only:

Aquifer: _____
 Well #: K-100
 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>Jimmy Coghlan</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>3569 - Old Hwy 15</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Decatur, MS 39327</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>2</u> Twn <u>6N</u> Rng <u>11E</u>
Telephone No. <u>601 635-2864</u>	Distance Direction Nearest Town
	<u>3</u> Miles <u>SW</u> of <u>Decatur</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>2-25-05</u>	Setting Depth: <u>220</u> feet
Rated Pump Capacity: <u>7</u> Gallons Per Minute	Number of Stages: <u>13</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-25-05</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>170</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>30</u> Feet Below Land Surface	Well yielded <u>10</u> GPM with a drawdown of
Test Pumping Rate: <u>10</u> Gallons Per Minute	<u>30</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.

McDonald & Hill, Inc. D-8 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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FEB 28 2005

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