

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-101

L. S. Elevation: _____

E-log #: _____

County: Newton
Permit #: _____
Driller: McDonald & Hill
Date drilling completed: 3/21/05

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>CHRIS DAVIS</u>	Latitude: <u>32° 23.46"</u> Longitude: <u>89° 12.07"</u>
Mailing Address: <u>100 Sartz 5th Ave</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Decatur MS. 39327</u> City State Zip Code	NW 1/4 NW 1/4 Sec <u>5</u> Twn <u>6N</u> Rng <u>11E</u>
Telephone No. <u>601-635-4554</u>	Distance <u>4</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: _____
Date well drilling started: 3-9-05 Date well drilling completed: 3-21-05
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 235 feet above or below (circle one) land surface Date measured: _____
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 460 Well depth: 460 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 390 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 2 inches Type of screen: PVC
Screen slot size: 10 inches Setting depth: From 420 feet to 460 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: 380 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.

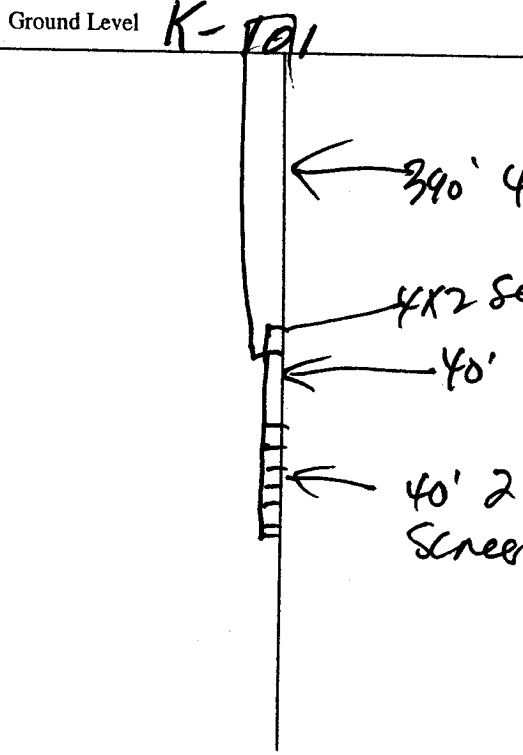
McDonald & Hill, Inc. # 0008
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED

APR 01 2005

BY: OLWR

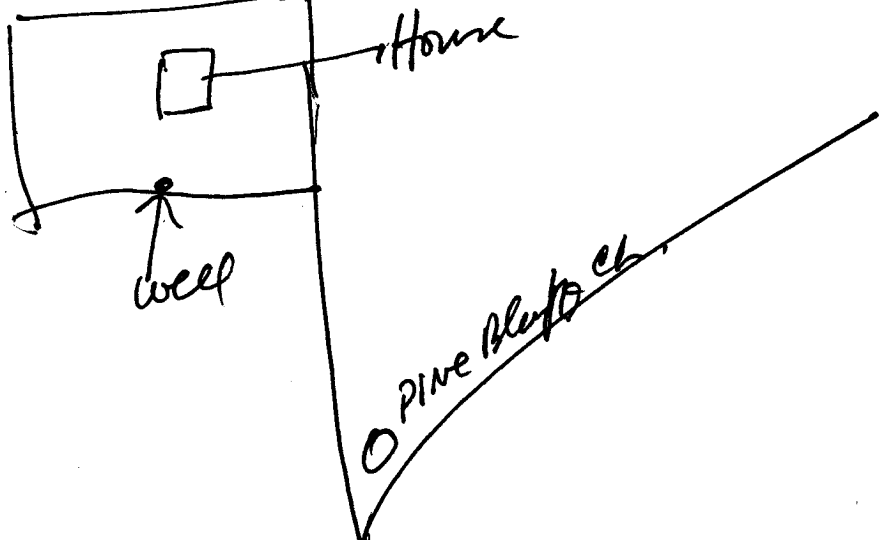
If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
CLAY & SAND	0	78
SHALE	78	110
SANDY SHALE, ROCK ST	110	195
SHALE, SANDY ST. LG	195	270
SPARTA SAND	270	320
SHALE ROCK ST	320	360
SHALE	360	410
GREEN SAND - ROCK ST.	410	480

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.



RECEIVED
APR 01 2005
BY: OLWR

Landowner Name: CHRIS DAVIS

Paul Heil
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)

For Office Use Only:

Aquifer: _____
 Well #: K-101
 Elevation: _____

County: Newton
 Permit #: _____
 Driller: McDonald & Hill
 Date completed: 3-30-05

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>Chris Davis</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>100 S. 5th Ave</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Meridian MS-39327</u>	_____ 1/4 _____ 1/4 Sec <u>5</u> Twn <u>6N</u> Rng <u>11E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No: <u>601.635.4554</u>	<u>4</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</u>
Date Pump Installed: _____	Setting Depth: <u>300</u> feet
Rated Pump Capacity: <u>7</u> Gallons Per Minute	Number of Stages: <u>18</u>

RECEIVED
 APR 01 2005
 BY: OLWR

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-30-05</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>235</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>300</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>10</u> Gallons Per Minute	
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 0008 Harold Hill
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer