

# 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 #: L-102  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Newton

Permit #: \_\_\_\_\_

Driller: McDonald & Hill

Date drilling completed: 2-13-06

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>Dr Scott MASSINGILL</u>	Latitude: <u>32° 19' 53"</u> Longitude: <u>89° 03' 19"</u>
Mailing Address: <u>900-45th ST.</u> <u>Meridian, MS -</u> <u>39305</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NW 1/4 SE 1/4 Sec 27 Twn 6N Rng 12E</u>
Telephone No. <u>601 483-3542</u>	Distance: <u>3</u> Miles Direction: <u>E</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: 2-8-06 Date well drilling completed: 2-13-06

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

Static Water Level: 100 feet above or below (circle one) land surface Date measured: 2-8-06

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

Hole depth: 420 Well depth: 420 Well grouted to a depth of 19 feet

Type of grout (circle one): Cement Bentonite Mix: 4X2 well

Casing length: 275 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 2 inches Type of screen: JOHNSON

Screen slot size: 012 inches Setting depth: From 380 feet to 420 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: 260 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.

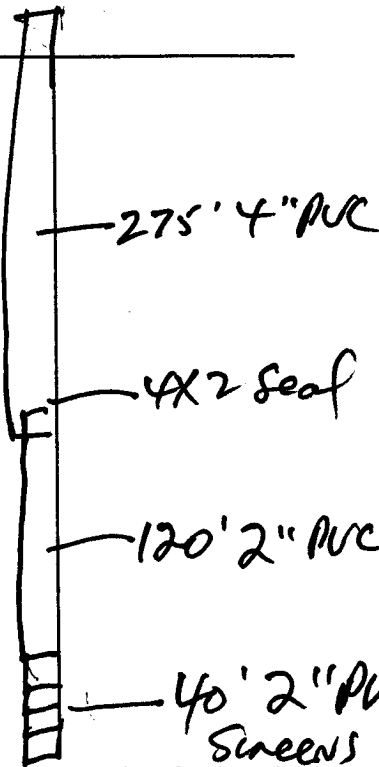
McDONALD & HILL, INC. # 0-8 Harold Hill  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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 BY: OLWR

If well telescopes please sketch below and show depths.

L-100

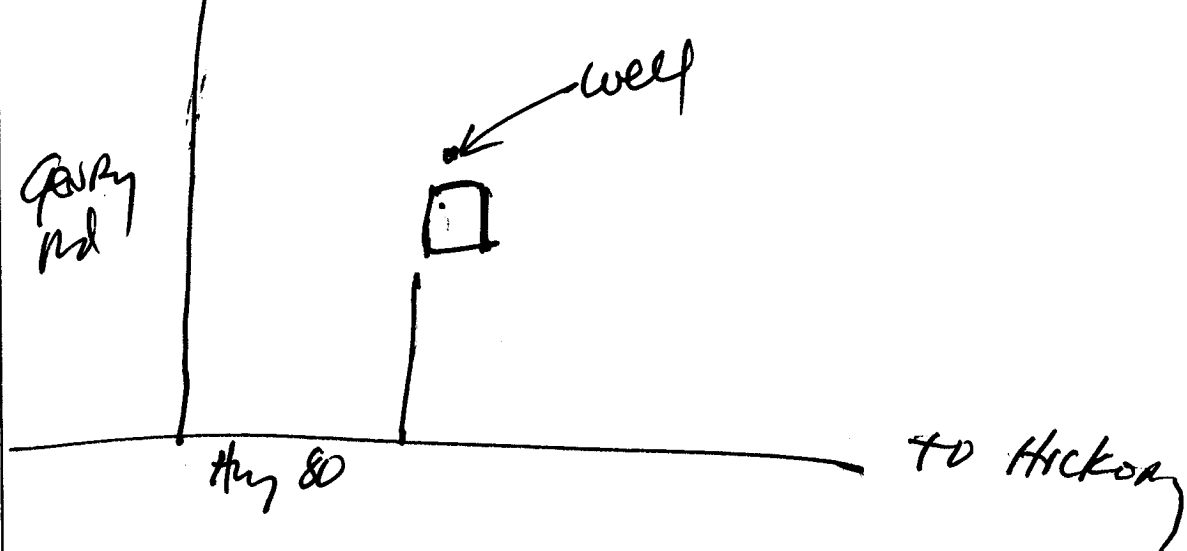
Ground Level



Description of Formations Encountered	From	To
CLAY	0	45
SAND	45	145
SHALE	145	185
SHALE, ROCK ST	185	360
#12 SAND	360	420

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: Dr. Scott MASSINGILL

McDonald & Hill #0-8  
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 #: L-102

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

County: Newton  
 Permit #: \_\_\_\_\_  
 Driller: McDonnell & Hill  
 Date completed: 2-14-06

**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>Dr. Scott Massingill</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>400 - 45<sup>th</sup> St.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Meridian MS - 39305</u>	_____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____
City State Zip Code	Distance Direction Nearest Town
Telephone No: <u>601, 483-3542</u>	<u>3</u> Miles <u>E</u> of <u>Newton</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> <b>Submersible</b>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<input checked="" type="radio"/> <b>Electric Motor</b> Hand <input type="radio"/> Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2</u>
Date Pump Installed: <u>2-14-06</u>	Setting Depth: <u>160</u> feet
Rated Pump Capacity: <u>35</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-14-06</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>100</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>140</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>40</u> Feet Below Land Surface	Well yielded <u>40</u> GPM with a drawdown of
Test Pumping Rate: <u>40</u> Gallons Per Minute	<u>40</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.

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

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 2006 FEB 14  
 BY [Signature]