

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-109
L. S. Elevation: _____
E-log #: _____

County: Newton
Permit #: _____
Driller: McDonald-Hill Inc.
Date drilling completed: 4-7-08

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>Newton County Country Club</u>	Latitude: <u>32° 20' 20"</u> Longitude: <u>89° 06' 24"</u>
Mailing Address: <u>P.O. Box 85</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Newton</u> MS. <u>39345</u>	<u>NW</u> ¼ <u>NE</u> ¼ Sec <u>19</u> Twn <u>6N</u> Rng <u>12E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 683-3521</u>	<u>2</u> Miles <u>E</u> of <u>Newton</u>

Well Data

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

Date well drilling started: 3-31-08 Date well drilling completed: 4-7-08

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

Static Water Level: 85 feet above or (below) (circle one) land surface Date measured: 4-7-08

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

Hole depth: 460 Well depth: 440 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 300 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 400 feet to 440 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): _____

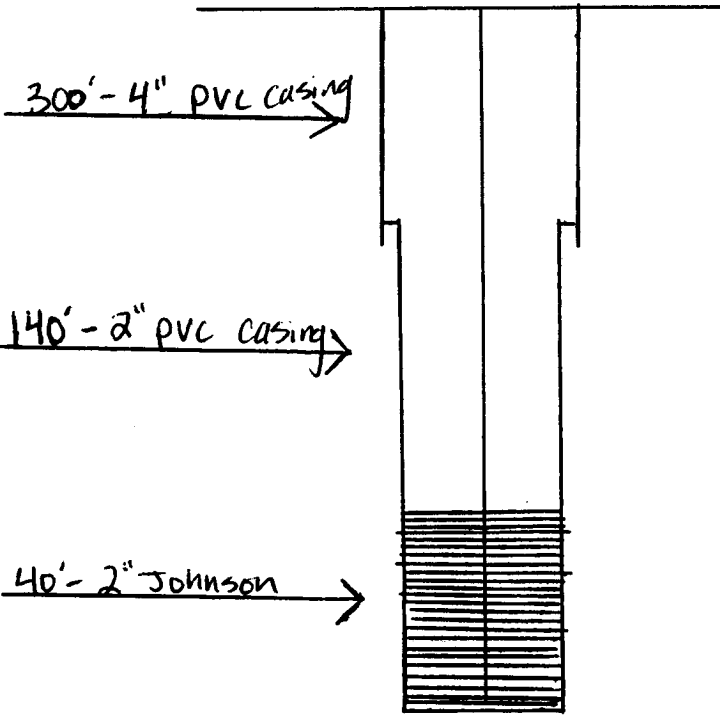
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

McDonald-Hill Inc #0-8 Harald Hill
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
SAND	0	12
CLAY	12	20
SANDY CLAY	20	40
SHALE	40	60
CLAY	60	80
SANDY SHALE	80	110
COARSE SAND	110	150
SANDY SHALE	150	175
SHALE	175	185
SANDY SHALE	185	210
ROCK	210	211
SANDY SHALE	211	230
GREEN SAND	230	240
SANDY SHALE	240	259
ROCK	259	260
SHALE	260	320
SANDY SHALE	320	400
COARSE SAND	400	440
SANDY SHALE	440	460

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.

A hand-drawn sketch of a property layout. A circle with a dot is labeled 'well'. A rectangle is labeled 'Newton County Country Club'. A line representing a road is labeled 'Hwy 80'. A north arrow is drawn on the right side. The sketch is enclosed in a rectangular border.

Landowner Name: Newton County Country Club

Ronald 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)

For Office Use Only:

Aquifer: _____

Well #: L-104

Elevation: _____

County: Newton

Permit #: _____

Driller: McDonald-Hill Inc.

Date completed: 4.10.08

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>Newton County Country Club</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 85</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Newton MS 39345</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>19</u> Twn <u>10N</u> Rng <u>12E</u>
Telephone No. <u>(601) 683-3521</u>	Distance Direction Nearest Town
	<u>2</u> Miles <u>E</u> of <u>Newton</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 <input type="radio"/>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>4.10.08</u>	Setting Depth: <u>200</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4.9.08</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>83</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>98</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>15</u> Feet Below Land Surface	Well yielded <u>50</u> GPM with a drawdown of
Test Pumping Rate: <u>50</u> Gallons Per Minute	<u>15</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 #08
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

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