

Newton

State Well Report

Part 1

For Office Use Only:

County: Lauderdale
 Permit #: _____
 Driller: McDONALD & Heil
 Date drilling completed: 5-26-06

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)

Aquifer: _____
 Well #: M-89
 L. S. Elevation: _____
 E-log #: _____

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>Rowan Vine +</u>	Latitude: <u>32° 21' 11" N</u> Longitude: <u>88° 57' 18" W</u>
Mailing Address: <u>2065 - Ridge Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: <u>Chunky MS</u> State: <u>MS</u> Zip Code: <u>39323</u>	NW 1/4 NE 1/4 Sec <u>15</u> Twn <u>6 N</u> Rng <u>13 E</u>
Telephone No. <u>504 606-8616</u>	Distance <u>2 1/2</u> Miles Direction <u>NW</u> of Nearest Town <u>Chunky</u>

Well Data

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

Date well drilling started: 5-23-06 Date well drilling completed: 5-26-06

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

Static Water Level: 140 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 255 Well depth: 255 Well grouted to a depth of 19 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 225 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC Johnson

Screen slot size: .008 inches Setting depth: From 225 feet to 255 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.

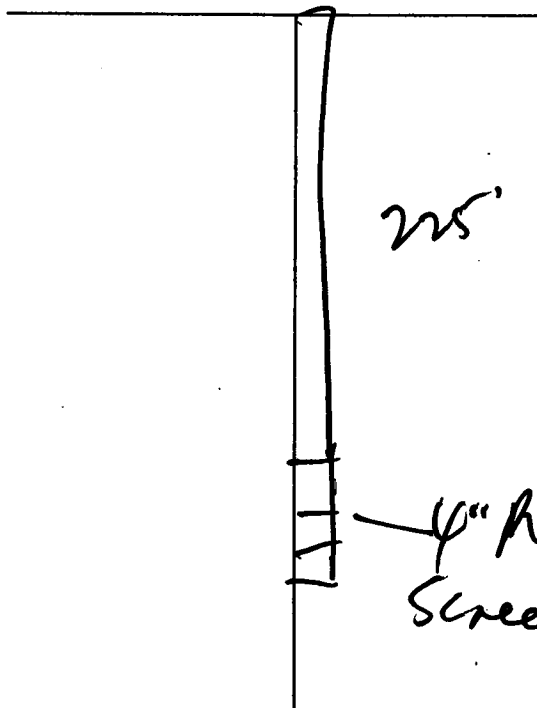
McDONALD & Heil Inc # 08 Harold Heil
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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11-89

If well telescopes please sketch below and show depths.

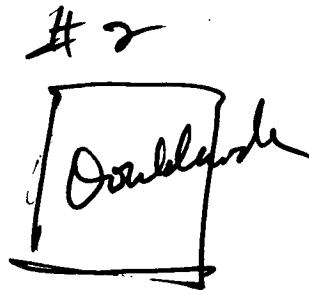
Ground Level



Description of Formations Encountered	From	To
RED SAND	0	20
COURSE SAND	20	40
SHALE	40	77
Rock	77	80
Rocky st	80	100
HARD SHALE	100	220
SANDY SHALE	220	237
#10 SAND	237	255

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.



Well
0

Landowner Name:

Robin Vinet

Harold 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 #: M-89

Elevation: _____

County: Lauderdale
 Permit #: _____
 Driller: McDonald & Heip
 Date completed: 5-26-06

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>Robin Vivet</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2065 Ridge Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Chucky, MS 39323</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>15</u> Twn <u>6N</u> Rng <u>13E</u>
Telephone No. <u>SOt 606 8616</u>	Distance Direction Nearest Town
	<u>2 1/2 miles NW of Chucky</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 Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2 HP</u>
Date Pump Installed: <u>5-8-06</u>	Setting Depth: <u>200</u> feet
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Number of Stages: <u>16</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-8-06</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>140</u> Feet Below Land Surface	Other (specify): <u>5/2 INY</u>
Pumping Water Level (B): <u>170</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>30</u> GPM with a drawdown of
Test Pumping Rate: <u>30</u> Gallons Per Minute	<u>30</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 & Heip, Inc. #08 Howard Heip
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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