

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 #: M-91
L. S. Elevation: _____
E-log #: _____

County: Newton
Permit #: _____
Driller: McDonald + Hill, Inc
Date drilling completed: 4-16-08

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>Fred Morgan</u>	Latitude: <u>32° 23' 08"</u> Longitude: <u>88° 55' 55"</u>
Mailing Address: <u>4273 Chunky Duffee Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, _____ USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/>
<u>Chunky, MS.</u> <u>39323</u>	<u>SE 1/4 SE 1/4 Sec X</u> Twn <u>6N</u> Rng <u>13E</u>
City State Zip Code	Distance <u>2</u> Direction <u>North</u> Nearest Town <u>Chunky</u>
Telephone No. <u>(601) 479-3095</u>	<u>3</u> Miles

Well Data

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

Date well drilling started: 4-9-08 Date well drilling completed: 4-16-08

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

Static Water Level: 110 feet above or below (circle one) land surface Date measured: 4-16-08

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

Hole depth: 370 Well depth: 370 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

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

Screen length: 30 feet Screen diameter: 2 inches Type of screen: Johnson WOP

Screen slot size: #.012 inches Setting depth: From 340 feet to 370 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.

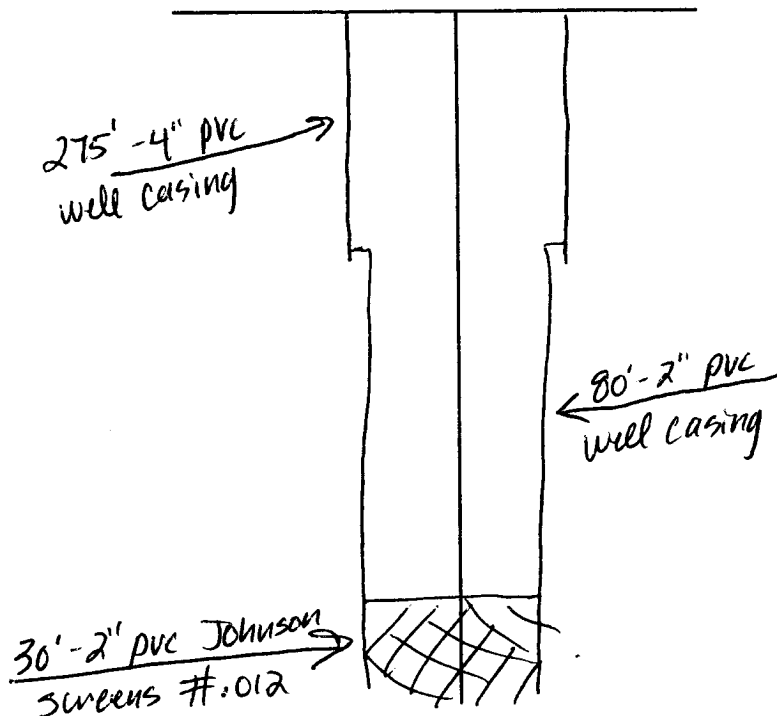
McDonald + Hill, Inc. #0-8 _____
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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M-91

If well telescopes please sketch below and show depths.

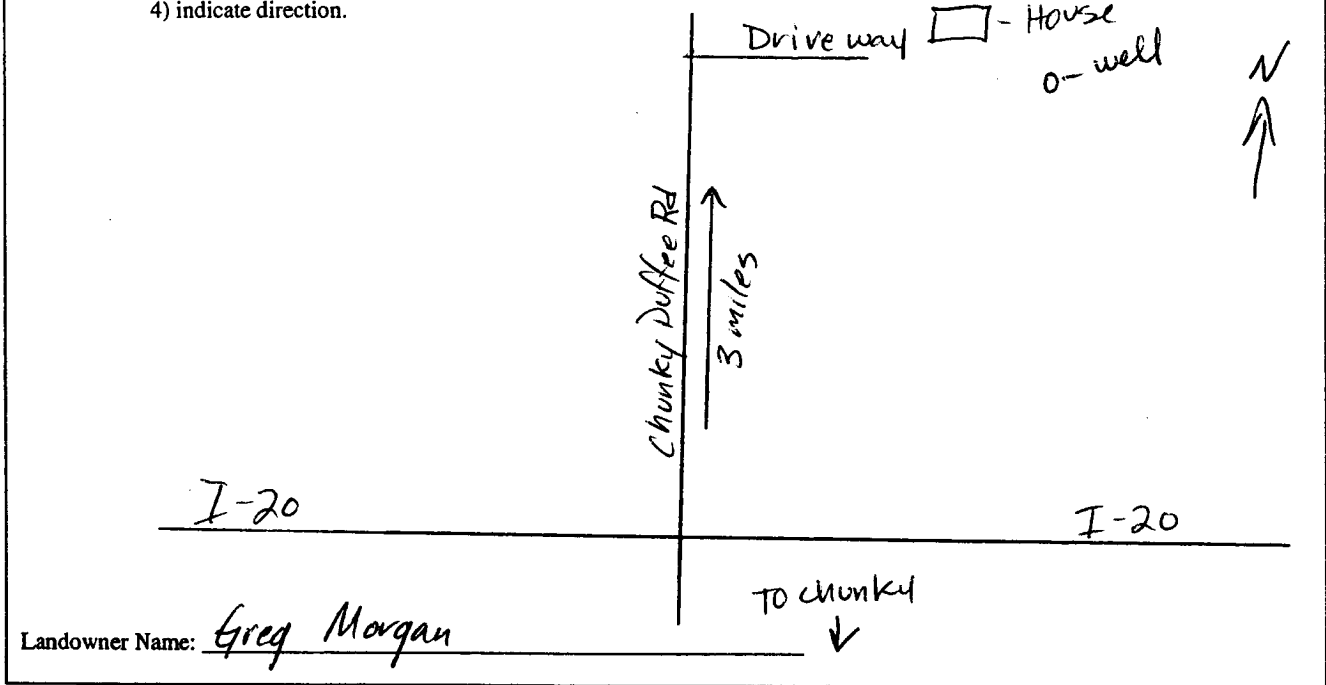
Ground Level



Description of Formations Encountered	From	To
RED CLAY - SANDY	0	20
CLAY	20	40
SHALE	40	46
ROCK	46	48
SHALE	48	50
SHALE - ROCK ST.	50	165
COARSE SAND	165	177
SAND	177	190
SHALE	190	192
SANDY SHALE	192	336
SAND	336	370

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.



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)

BY: OLWR

County: Newton
Permit #:
Driller: McDonald + Hill Inc.
Date completed: 4-25-08

Aquifer:
Well #: M-91
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: Greg Morgan, 4273 Chunky Duffee Rd, Chunky, MS 39323, (601) 479-3095
Well Location: Latitude/Longitude, Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, 1/4 Sec 1, Twn 6N, Rng 13E, Distance 3 Miles North of Chunky

Pump Type: Submersible
Power Type: Electric Motor
Air Lift, Bucket, Centrifugal, Other (specify):
Date Pump Installed: 4-25-08
Rated Pump Capacity: 7 Gallons Per Minute
Diesel Engine, Gasoline Engine, Natural Gas, Hand, Tractor PTO, Windmill, Other (specify):
Horse Power Rating of Motor: 1
Setting Depth: 100 feet
Number of Stages: 18

Pump Test Data: Date Well Tested: 4-25-08, Static Water Level (A): 110 Feet Below Land Surface, Pumping Water Level (B): 130 Feet Below Land Surface, Drawdown [(B) - (A)]: 20 Feet Below Land Surface, Test Pumping Rate: 15 Gallons Per Minute, Duration of Pump Test (minimum 4 hours): 4 hours
Method of Measuring Water Level: Steel Tape
Air Line, Electric Measuring Line, Other (specify):
For flowing well, measured shut in head:
Well yielded 15 GPM with a drawdown of 20 feet after 4 hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

McDonald - Hill, Inc. #10-8
Print Name of Pump Installer and License No. (if applicable)

Harold Hill
Signature of Pump Installer