

County: Newton  
 Permit #: MS-6W-16928  
 Driller: McDonald & Hill  
 Date drilling completed: 12/30/11

**State Well Report**  
**Part I - Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: Ø 50  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

*State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.*

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>George Monroe</u>	Latitude: <u>32° 17' 00"</u> Longitude: <u>89° 11' 46"</u>
Mailing Address: <u>408 W. Church St.</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Newton</u> <u>MS</u> <u>39345</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE ¼ SE ¼ Sec 9 Twn 5N Rng 11E</u>
Telephone No. ( ) _____	Distance _____ Miles Direction _____ Nearest Town _____
<b>Well / Borehole Data</b>	
Date drilling started: <u>12/28/11</u> Date drilling completed: <u>12/30/11</u> Hole depth: <u>200'</u> Hole diameter: <u>7"</u>	
Location of the source of any surface water used for drilling: <u>1 lb per 1,000 gallons in a community water</u>	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: <u>Pond</u>	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>50</u> feet above or below (circle one) land surface Date measured: <u>12/30/11</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Well depth: <u>200</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement Bentonite <u>Mix</u>	
Casing length: <u>1100</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>4"</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.006</u> inches Setting depth: From <u>1100</u> feet to <u>200</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed <u>Telescoped</u> Open hole <u>Natural Development</u>	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	



## STATE WELL REPORT

County: Newton  
 Permit #: MS-6W-16928  
 Driller: McDonald-Hill  
 Date completed: 12/30/11  
*Copy information from block on Part 1*

**Part 2**  
**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: Ø 50  
 Elevation: \_\_\_\_\_

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>George Monroe</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>408 W. Church St.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Newton</u> <u>MS</u> <u>39134</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>SE</u> ¼ <u>SE</u> ¼ Sec <u>8</u> T <u>5N</u> R <u>11E</u>
Telephone No. ( ) _____	Distance _____ Direction <u>SW</u> Nearest Town _____
	_____ Miles _____ of _____

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: <u>12/30/11</u>	Setting Depth: <u>105</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12/30/11</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>50</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>60</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded <u>20</u> GPM with a drawdown of
Test Pumping Rate: <u>20</u> Gallons Per Minute	<u>10</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.

Harold Hill/McDonald & Hill #08  
 Print Name of Pump Installer and License No. (if applicable)

Harold Hill  
 Signature of Pump Installer

Form: OLWR-SWR-1B (04/08)