

STATE WELL REPORT

County: Newton
 Permit #: _____
 Driller: McDonald & Hill
 Date drilling completed: 4-30-15

Part 1
Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225-2309
 (601)961-5210
 (601)360-0535 (fax)

For Office Use Only:
 Well #: Q 24
 Aquifer: _____
 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.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Damien Maskey/Jennifer</u>	Latitude: <u>32 17 43</u> Longitude: <u>88 56 97</u>
Mailing Address: <u>4167 Buckley Rd Kimberly</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Chunky</u> MS <u>39323</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 NW 1/4, Sec 19 T 5N R 13E</u>
Telephone No. (____) _____	_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)

Well / Borehole Data
 Date drilling started: 4-27-15 Date drilling completed: 4-30-15 Hole depth: 320' Hole diameter: 7
 Location of the source of any surface water used for drilling: Community
 Method of dosing and volume of Chlorine used in drilling and development: 1 lb per 1,000 gallons
 Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____
 Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
 Seismic Survey Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture
 Other (describe): _____
 If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 140 feet (above or below land surface) Date measured: 4-30-15
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____
 Well depth: 320 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 300 feet Casing diameter: 4 inches Type of casing: PVC
 Screen length: 20 feet Screen diameter: 4" inches Type of screen: PVC
 Screen slot size: 008 inches Setting depth: From 300 feet to 320 feet
 Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development
 Other (describe): Sand packed
 Top of lap pipe or reduction in casing: _____ feet.

If telescoped or more than one screen, describe on next page

STATE WELL REPORT

County: Newton
 Permit #: _____
 Driller: McDonald-Hill
 Date completed: 5/1/15
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 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

For Office Use Only:
 Well #: Q24
 Aquifer: _____

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>Damien Massey</u>			Latitude: _____ Longitude: _____		
Mailing Address: <u>4187 Buckley Rd.</u>			Method of Lat/Long (check one): Conventional Survey _____		
City: <u>Clunky</u> State: <u>MS</u> Zip Code: <u>39373</u>			USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____		
Telephone No. (____) _____			_____ 1/4 _____ 1/4, Sec. <u>11</u> T <u>5N</u> R <u>13E</u>		
			_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)		

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 6-3-15 Rated Pump Capacity: 5 Gallons Per Minute
 Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
 Horse Power Rating of Motor: 1/2 Setting Depth: 100 feet Number of Stages: 15

Pump Test Data for Non Flowing Well
 Date Well Tested: 4-30-15 Duration of Pump Test (minimum 4 hours): _____ hours
 Static Water Level (A): 140 Feet Below Land Surface Pumping Water Level (B): 150 Feet Below Land Surface
 Drawdown [(B) - (A)]: 10 Feet Below Land Surface Test Pumping Rate: 5 Gallons Per Minute
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well
 Measured shut in head: _____ feet.
 Well yielded 5 GPM with a drawdown of 10 feet after 4 hours of pumping

Meter Installation
 Meter Manufacturer: _____ Meter Serial Number: _____
 Meter Model Number/Name: _____ Type of Meter: _____
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
 Installation Date: _____ Meter installed by: _____
 Is This Meter (circle one): New Repaired Replacement
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Harold Hill 06 6/3/15 Harold Hill
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer