

# 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)

County: OKTIBEEHA  
Permit #: \_\_\_\_\_  
Driller: McDonald & Hill, INC.  
Date drilling completed: 12-20-04

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: 11-15  
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>Steven Moore</u>	Latitude: <u>33° 22' 01" N</u> Longitude: <u>88° 41' 18" W</u>
Mailing Address: <u>890 - Locust St.</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>West Point, MS. 39773</u>	NW 1/4 SW 1/4 Sec <u>1</u> Twn <u>17N</u> Rng <u>15E</u>
City State Zip Code	Distance <u>10</u> Miles Direction <u>NE</u> of Nearest Town <u>Clanton</u>
Telephone No <u>662-549-1315</u>	

**Well Data**

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

Date well drilling started: 12-13-04 Date well drilling completed: 12-20-04

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

Static Water Level: 220 feet above or below (circle one) land surface Date measured: 12-20-04

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

Hole depth: 1077 Well depth: 1077 Well grouted to a depth of 20 feet

Type of grout (circle one)  Cement  Bentonite  Mix

Casing length: 20 feet Casing diameter: 5" inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 2" inches Type of screen: PVC

Screen slot size: 12 inches Setting depth: From 1047 feet to 1077 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.

Print Name of Water Well Contractor and License No. McDONALD-HILL, INC. #0008

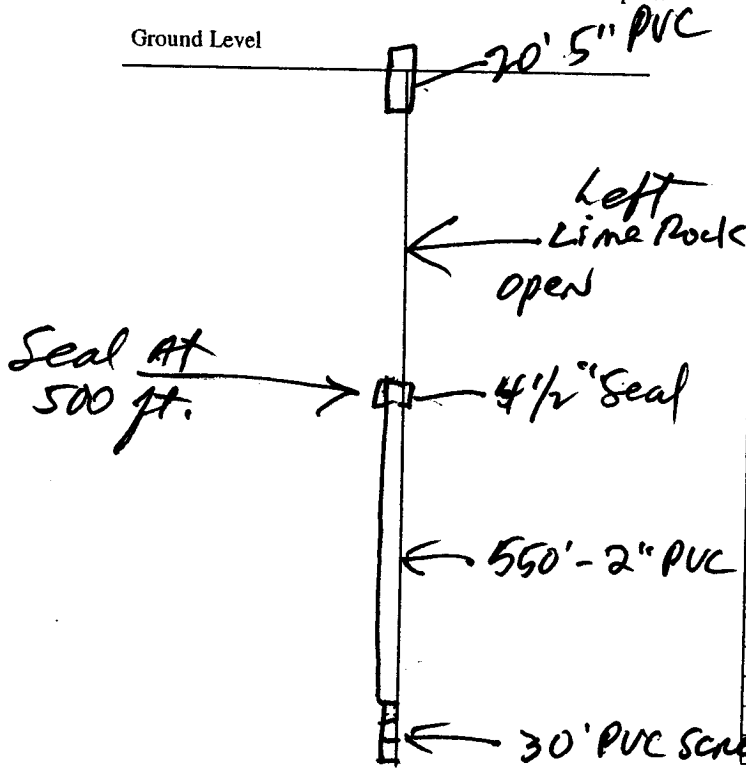
Signature of Water Well Contractor Bur Hie

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If well telescopes please sketch below and show depths.

M-15

Ground Level

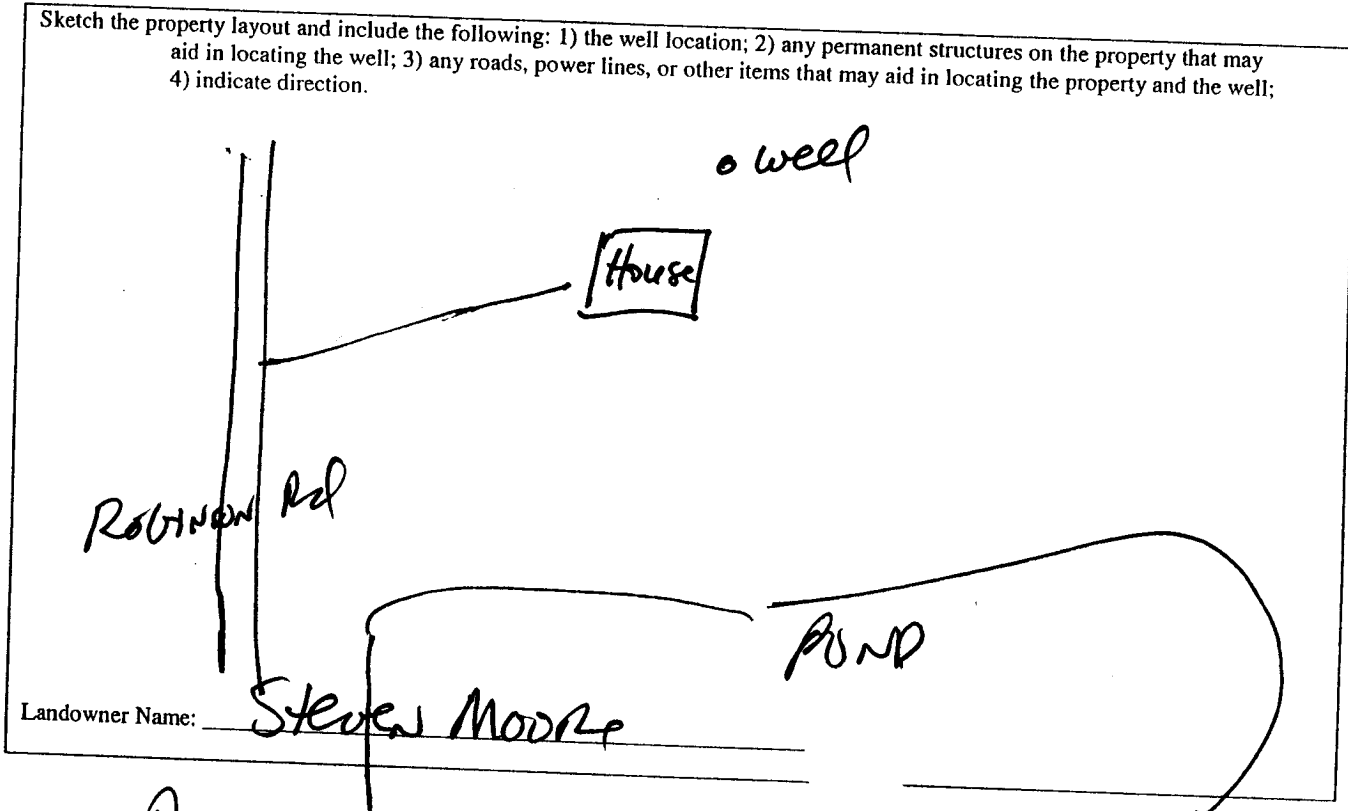


Description of Formations Encountered	From	To
CLAY	0	10
Lime Rock	10	600
Rock, (ANDY shale)	600	660
FINE SAND, Rock st	660	720
Shale, Rock st	720	780
Gumbo	780	850
Shale, Rock st	850	895
Rock	895	900
Shale, Rock st	900	912
Rock	912	914
Shale, Rock st.	914	1048
#12 SAND, SHALE st.	1048	1066
Shale	1066	1077

105

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.



Landowner Name: Steven Moore

Ben Hee  
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)

County: Oktibbeha  
 Permit #: \_\_\_\_\_  
 Driller: McDonald-Hel Inc  
 Date completed: 12-20-04

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: M-15 105  
 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	Well Location
Owner Name: <u>Steven Moore</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>890 Locust Dr</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>West Point MS - 39773</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>1</u> Twn <u>17N</u> Rng <u>15E</u>
Telephone No. <u>662 549-1315</u>	Distance Direction Nearest Town
	<u>10</u> Miles <u>NW</u> of <u>Chattahoochee</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>12-21-04</u>	Setting Depth: <u>260</u> feet
Rated Pump Capacity: <u>7</u> Gallons Per Minute	Number of Stages: <u>18</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-21-04</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> <input checked="" type="checkbox"/>
Static Water Level (A): <u>220</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>240</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>20</u> Feet Below Land Surface	Well yielded <u>20</u> GPM with a drawdown of
Test Pumping Rate: <u>10</u> Gallons Per Minute	<u>40</u> feet after <u>3</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>12</u> hours	

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

Jerry Moulds, McDonald Hel Inc Jerry Moulds RECEIVED  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer  
#08

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