

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-16
L. S. Elevation: _____
E-log #: _____

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County: OKTIBBEHA
Permit #: _____
Driller: McDonald + Hill
Date drilling completed: 12-30-04

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

Owner Name: Johnny McCool
Mailing Address: Robinson Rd
Starkville Ms.
City State Zip Code
Telephone No. 662-721-5498

Well Location

Latitude: 33° 21' 56" Longitude: 88° 40' 59"
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
NE 1/4 SW 1/4 Sec 1 Twn 17N Rng 15E
Distance 10 Miles NW Direction of Chattanooga Nearest Town

Well Data

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

Date well drilling started: 12-20-04 Date well drilling completed: 12-31-04

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

Static Water Level: 220 feet above or below (circle one) land surface Date measured: 12-31-04

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

Hole depth: 1080 Well depth: 1080 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 20 feet Casing diameter: 5" surface 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 1035 feet to 1065 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 + HILL, INC. 0008
Print Name of Water Well Contractor and License No.

Bar Hill
Signature of Water Well Contractor

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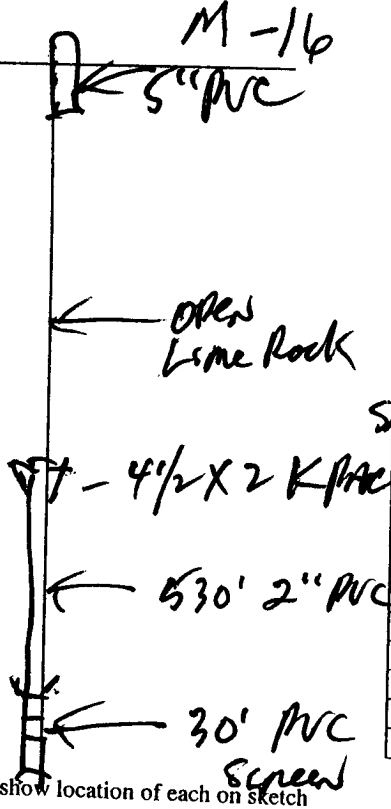
JAN 05 2005

BY: OLWR

If well telescopes please sketch below and show depths.

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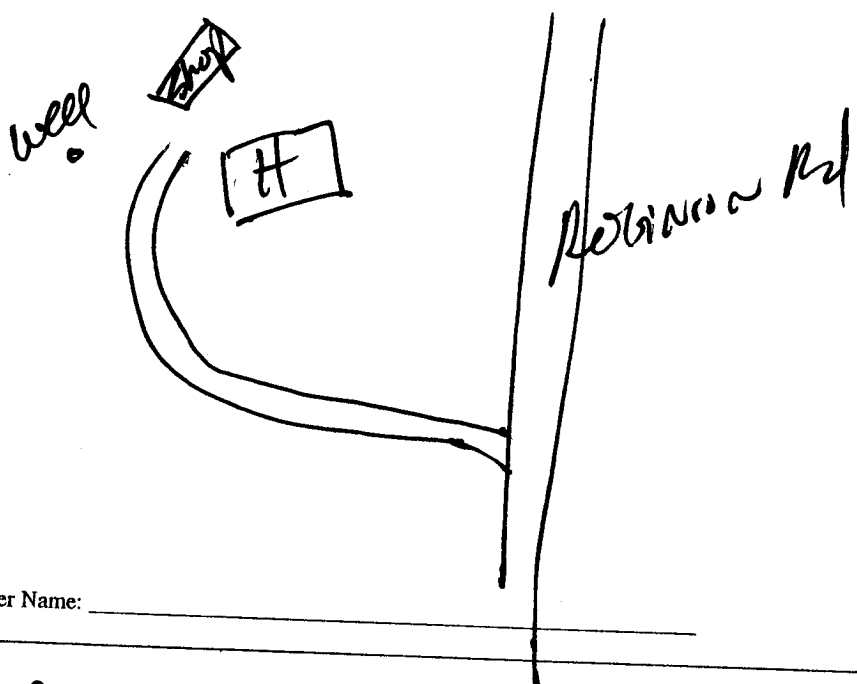
Ground Level



Description of Formations Encountered	From	To
CLAY	0	18
Lime Rock	18	620
Fine SAND - Rock ST	620	700
SHALE	700	885
Rock	885	887
SHALE, Rock ST	887	952
SANDY SHALE, Rock ST	952	1036
SAND - #12	1036	1065

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: _____

Bur 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)

County: OKTIBEECHA
 Permit #: _____
 Driller: McDonald & Hiehl
 Date completed: 12-31-04

For Office Use Only:

Aquifer: _____
 Well #: M-16
 Elevation: _____

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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>Johnny McCarl</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Robinson Rd</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>Starkville MS</u>	_____ 1/4 _____ 1/4 Sec <u>1</u> Twp <u>17N</u> Rng <u>15E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>662-721-5898</u>	<u>10</u> Miles <u>NW</u> of <u>CRAWFORD</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u> <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____	<input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill Other (specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>260</u> feet Number of Stages: <u>15</u>
Date Pump Installed: <u>1-3-05</u>	
Rated Pump Capacity: <u>10</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-3-05</u>	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> <u>Steel Tape</u> Other (specify): _____
Static Water Level (A): <u>220</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Pumping Water Level (B): <u>250</u> Feet Below Land Surface	Well yielded <u>30</u> GPM with a drawdown of
Drawdown [(B) - (A)]: <u>30</u> Feet Below Land Surface	<u>600</u> feet after <u>6</u> hours of pumping
Test Pumping Rate: <u>15</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>48</u> hours	

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

McDonald & Hiehl #0008 Harold Hiehl
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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