

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: RANKIN
Permit #: _____
Driller: McDONALD & HIE
Date drilling completed: JAN 24, 2006

For Office Use Only:
Aquifer: _____
Well #: X-118
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>CAROL ZEA</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2217 - Johns Mayton</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Brandon, MS. 39042</u>	_____ 1/4 _____ 1/4 Sec <u>11</u> Twn <u>3N</u> Rng <u>5E</u>
City State Zip Code	Distance: <u>2 1/2</u> Miles Direction: <u>NE</u> of Nearest Town: <u>Puckett</u>
Telephone No. <u>(601) 591-2203</u>	

Well Data

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

Date well drilling started: 1-18-06 Date well drilling completed: 1-24-06

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

Static Water Level: 30 feet above or below (circle one) land surface Date measured: 1-24-06

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

Hole depth: 215 Well depth: 180 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 175 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: JOHNSON

Screen slot size: 008 inches Setting depth: From 140 feet to 180 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 & HIE, INC. # 0-8
Print Name of Water Well Contractor and License No.

Harold Hie
Signature of Water Well Contractor

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FEB 03 2006
BY: OLWR

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: RANKIN
 Permit #: _____
 Driller: McDonnell & Hill
 Date completed: 1-31-06

For Office Use Only:

Aquifer: _____
 Well #: X-118
 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>Carol Zea</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2217 John Mayton</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Brownson MS 39042</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec 11 Twn 3N Rng SE</u>
Telephone No. <u>(601) 591-2203</u>	Distance Direction Nearest Town
	<u>2 1/2 miles NE of Puckett</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> Submersible <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	Electric Motor <input checked="" type="radio"/> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3</u>
Date Pump Installed: <u>1-31-06</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>35</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-31-06</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>30</u> Feet Below Land Surface	Other (specify): <u>String</u>
Pumping Water Level (B): <u>70?</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>40</u> Feet Below Land Surface	Well yielded <u>40</u> GPM with a drawdown of
Test Pumping Rate: <u>40</u> Gallons Per Minute	<u>40</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.

McDonnell & Hill Inc. 0-8 Harold Hill
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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