

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 #: X-119
 L. S. Elevation: _____
 E-log #: _____

County: RANKIN
 Permit #: _____
 Driller: McDONALD & HILL
 Date drilling completed: 5-31-06

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 - JOHN MAYBANK</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Brandon, MS 39042</u>	<u>1/4</u> Sec <u>11</u> Twn <u>3N</u> Rng <u>5E</u>
City: _____ State: _____ Zip Code: _____	Distance: _____ 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: 5-20-06 Date well drilling completed: 5-31-06

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

Static Water Level: 30 feet above or below (circle one) land surface Date measured: 5-31-06

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

Hole depth: 177 Well depth: 177 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 137 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: -606 inches Setting depth: From 97 feet to 137 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): lots of #4 & 5 SAND !!

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. #0-8 Harold Hill
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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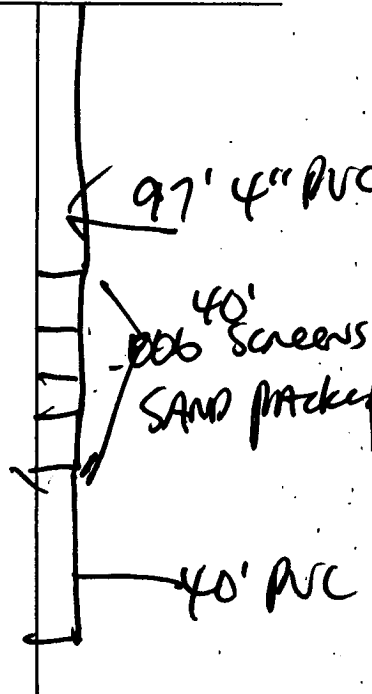
JUN 23 2006

BY: OLWR

X-119

If well telescopes please sketch below and show depths.

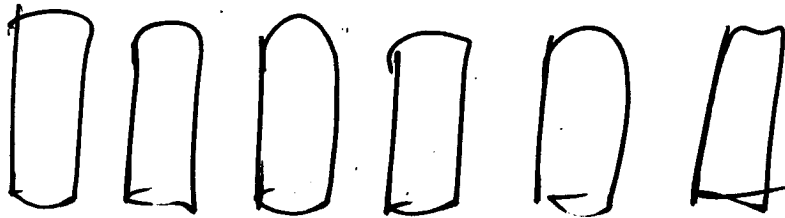
Ground Level



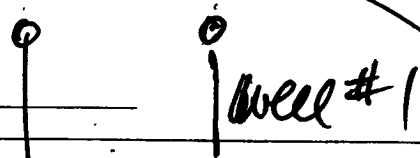
Description of Formations Encountered	From	To
SAND & CLAY	0	77
#5, 6 SAND	77	137
SHALE	137	157
SHALE & Lignite	157	177

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: CRAND ZEA



Harold Diep
Signature of Water Well Contractor

well #2

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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)

For Office Use Only:

Aquifer: _____

Well #: X-119

Elevation: _____

County: RANKIN
 Permit #: _____
 Driller: Mr. Donald & Dale
 Date completed: 6-21-06

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 Lea</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2217 - Johns Maybr</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Rankin</u> <u>MS</u> <u>39042</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	1/4 Sec _____ Twn _____ Rng _____
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
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>6-21-06</u>	Setting Depth: <u>177</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>6-21-06</u>	Air Line Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>30</u> Feet Below Land Surface	Other (specify): <u>Spring</u>
Pumping Water Level (B): <u>130</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>100</u> Feet Below Land Surface	Well yielded <u>30</u> GPM with a drawdown of
Test Pumping Rate: <u>30</u> Gallons Per Minute	<u>100</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.

Mr. Donald & Dale Inc. #0-8
 Print Name of Pump Installer and License No. (if applicable)

Harold Dale
 Signature of Pump Installer

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JUN 23 2006

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