

# 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 #: K-28  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Scott  
Permit #: \_\_\_\_\_  
Driller: McDonald & Hill  
Date drilling completed: 9-20-06

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>DIA Vu</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>4426 - Blossom Hill</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>Morton MS - 39117</u> City State Zip Code	<u>34</u> <u>6N</u> <u>7E</u> 1/4 Sec Town Rng
Telephone No: <u>601-732-6765</u>	Distance <u>4</u> Miles <u>SE</u> Direction of <u>Morton</u> Nearest Town

**Well Data**

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

Date well drilling started: 9-13-06 Date well drilling completed: 9-20-06

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

Static Water Level: 125 feet above or below (circle one) land surface Date measured: 9-20-06

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

Hole depth: 480 Well depth: 460 Well grouted to a depth of 10 feet

Type of grout (circle one) Cement Bentonite Mix: 4X2 well PVC

Casing length: 368 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 80 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .004 40 ft. 18 ft. Setting depth: From 380 feet to 460 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: 360 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.

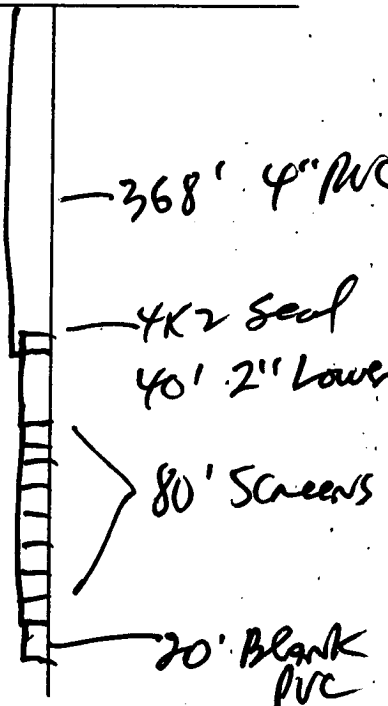
McDonald & Hill Inc. #0-8 Harold Hill  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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K-28

If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
SANDY CLAY	0	20
Blue clay	20	120
SHALE + clay	120	200
SANDY SHALE	200	260
SHALE, Lrg Shells	260	360
#5 SAND	360	460
SHALE + clay	460	480

**NOTE:**  
Well pumped Real Fine SAND, HAD to have A SAND SEPARATOR.

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: DIA Va

Harold 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)

**For Office Use Only:**

Aquifer: \_\_\_\_\_

Well #: K-28

Elevation: \_\_\_\_\_

County: Scott

Permit #: \_\_\_\_\_

Driller: McDonald & Heil

Date completed: 9-21-06

**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>DIA Vu</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>4426 Blossum Hill</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Morton, MS - 39117</u>	_____ 1/4 _____ 1/4 Sec <u>34</u> Twn <u>6N</u> Rng <u>7E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 732-6765</u>	<u>4</u> Miles <u>SE</u> of <u>Morton</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"/>	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>9-21-06</u>	Setting Depth: <u>240</u> feet
Rated Pump Capacity: <u>35</u> Gallons Per Minute	Number of Stages: <u>16</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-21-06</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>125</u> Feet Below Land Surface	Other (specify): <u>Spring</u>
Pumping Water Level (B): <u>205</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>80</u> Feet Below Land Surface	Well yielded <u>50</u> GPM with a drawdown of
Test Pumping Rate: <u>50</u> Gallons Per Minute	<u>80</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.

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

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