

# 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: Winston  
 Permit #: \_\_\_\_\_  
 Driller: McDonald + Hill, Inc.  
 Date drilling completed: 6-29-05

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: Φ-39  
 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>Chris Bortner</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>10782 Hwy 395</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
City: <u>PHIL</u> State: <u>MS</u> Zip Code: <u>39350</u>	_____ 1/4 _____ 1/4 Sec <u>32</u> Twn <u>13N</u> Rng <u>11E</u>
Telephone No: <u>602-724-2278</u>	Distance: <u>5</u> Miles Direction: <u>N</u> of Nearest Town: <u>Arlington</u>

### Well Data

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

Date well drilling started: 6-23-05 Date well drilling completed: 6-29-05

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

Static Water Level: 110 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

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

Type of grout (circle one): Cement  Bentonite  Mix

Casing length: 420 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 400 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: \_\_\_\_\_ 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  
 Print Name of Water Well Contractor and License No.

Paul Hill  
 Signature of Water Well Contractor

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JUL 21 2005  
 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)

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: Q-39  
 Elevation: \_\_\_\_\_

County: Winston  
 Permit #: \_\_\_\_\_  
 Drill: McDonald & Heel  
 Date completed: 7-5-05

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>Chris Bratcher</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>10782 - Hwy 391</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>PhsL MS - 39350</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>32</u> Twn <u>13N</u> Rng <u>11E</u>
Telephone No. <u>663-724-2278</u>	Distance Direction Nearest Town <u>5</u> Miles <u>N</u> of <u>Arlington</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> Bucket Piston <input type="radio"/> Turbine <input type="radio"/> Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> Other (specify): _____	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> Windmill <input type="radio"/> Other (specify): _____
Date Pump Installed: <u>7-5-05</u>	Horse Power Rating of Motor: <u>5</u>
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Setting Depth: <u>240</u> feet
	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-5-05</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>110</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)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>60</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

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

**RECEIVED**

JUL 21 2005

**BY: OLWR**