

# State Well Report

## Part 1 – Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225  
(601)961- 5210  
(601)961- 5228 (fax)

For Office Use Only:

Aquifer: 0  
Well #: 047  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Clarke  
Permit #: \_\_\_\_\_  
Driller: McDonald & Hill  
Date drilling completed: 4/23/10

*State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.*

Information on Well Owner <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Jeff Tingle</u>	Latitude: <u>32° 01' 42"</u> Longitude: <u>88° 28' 19"</u>
Mailing Address: <u>15082 CR 514</u> <u>Meridian MS 39305</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NW</u> 1/4 <u>52</u> 1/4 Sec <u>8</u> Twn <u>2N</u> Rng <u>18E</u>
Telephone No. <u>(601) 644-3567</u>	Distance: <u>6</u> Miles Direction: <u>SE</u> of Nearest Town: <u>Hopewell</u>

**Well / Borehole Data**

Date drilling started: 4/19/10 Date drilling completed: 4/23/10 Hole depth: 380 Hole diameter: 7'

Location of the source of any surface water used for drilling: Community

Method of dosing and volume of Chlorine used in drilling and development: 116 per 1,000

Logs run (circle all applicable):  No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation  Ground Source Heat Pump   
Seismic Survey  Other (describe) \_\_\_\_\_

*If drilling is not related to water well construction, skip the remainder of this block*

Purpose of Well (check one): Home  Industrial  Public Supply  Irrigation  Fish Culture  Other: \_\_\_\_\_

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

Static Water Level: 140' feet above or below (circle one) land surface Date measured: 4/23/10

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

Well depth: 380 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement   Bentonite  Mix

Casing length: 240 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 340 feet to 380 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: 230 feet. *If telescoped or more than one screen, describe on next page*

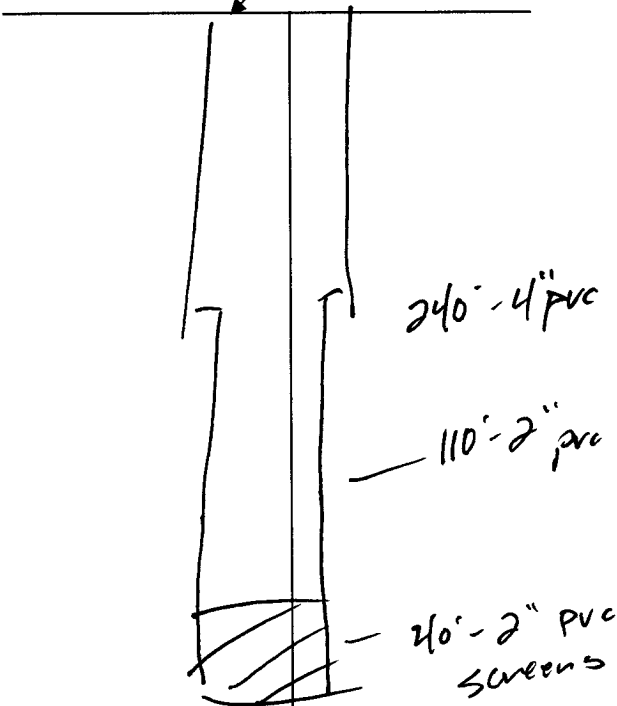
Form: OLWR-SWR-1A (04/08)

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4 The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →

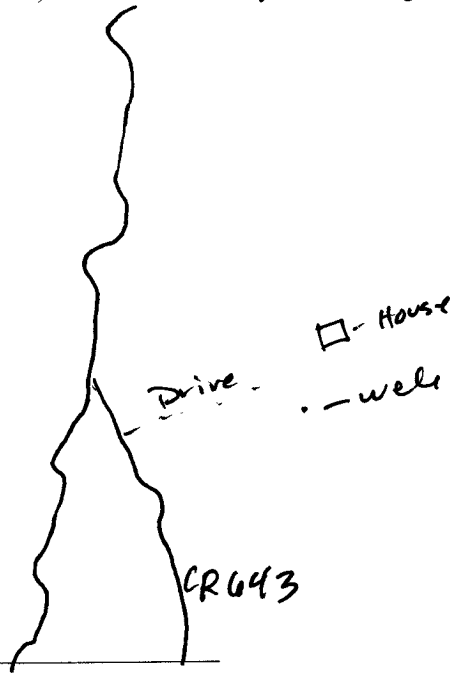


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Sand	Ground Level	2
Red Clay	2	10
Red Sand	10	35
clay	35	40
sand	40	50
shale	50	55
sand	55	60
sand / Lignite St.	60	115
shale	115	120
Sandy shale	120	140
Rock	140	145
shale	145	160
Shale w/ Rock & sand st.	160	275
sand	275	280
Sandy shale	280	330
sand #.006	330	330

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) a north arrow.



Landowner Name: Jeff Tingle

Form: OLWR-SWR-1A (04/08)

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Harold Hill / McDonald's Hill #08  
 Print Name of Responsible Licensee and License No.

5/5/10  
 Date

Harold Hill  
 Signature of Licensee

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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 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

County: Clarke  
 Permit #: \_\_\_\_\_  
 Driller: McDonald Hill Inc  
 Date completed: 4/26/10  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: 047  
 Elevation: \_\_\_\_\_

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>Jeff Fingle</u>	Latitude: <u>32°01'42"N</u> Longitude: <u>88°28'19"W</u>
Mailing Address: <u>15082 CR 514</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Madu</u> <u>MS</u> <u>39305</u>	<u>NW</u> ¼ <u>SE</u> ¼ Sec <u>9</u> T <u>2N</u> R <u>18E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>601 644-3567</u>	<u>6</u> Miles <u>SE</u> of <u>Hopewell</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> Turbine <input checked="" type="checkbox"/>	Electric Motor <input checked="" type="checkbox"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>4/20/10</u>	Setting Depth: <u>180'</u> feet
Rated Pump Capacity: <u>7</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4/20/10</u>	Air Line Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>140</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>160</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>20</u> Feet Below Land Surface	Well yielded <u>10</u> GPM with a drawdown of
Test Pumping Rate: <u>10</u> Gallons Per Minute	<u>20</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.

Harold Hill / McDonald + Hill #09 Signature of Pump Installer

Print Name of Pump Installer and License No. (if applicable)

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Form: OLWR-SWR-1B (04/08)

MAY 07 2010

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