

### STATE WELL REPORT

County: Lauderdale  
 Permit #: \_\_\_\_\_  
 Driller: McDonald Hill  
 Date drilling completed: 5-14-15

Part 1  
**Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P. O. Box 2309  
 Jackson, MS 39225-2309  
 (601)961-5210  
 (601)360-0535 (fax)

**For Office Use Only:**  
 Well #: A114  
 Aquifer: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

*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.*

<b>Well Owner Information</b> (Landowner if borehole is not for a water well) Owner Name: <u>Joel Alonso</u> Mailing Address: <u>11906 Ray Pollard Rd.</u> <u>Collinsville</u> <u>MS</u> City State Zip Code Telephone No. ( ) _____	Well or Borehole Location <u>32° 29' 19" N 88° 51' 31" W</u> Latitude: <u>32.488650</u> Longitude: <u>-88.858675</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>SE</u> 1/4 <u>SW</u> 1/4, Sec. <u>34</u> T. <u>8N</u> R. <u>14E</u> <u>1</u> Miles <u>SE</u> of <u>Collinsville</u> (Distance) (Direction) (Nearest Town)
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**Well / Borehole Data**

Date drilling started: 5-12-15 Date drilling completed: 5-14-15 Hole depth: 370 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 gallons

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

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

Purpose of borehole (circle 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 (circle all applicable):  Home  Industrial  Public Supply  Irrigation  Fish Culture

Other (describe): \_\_\_\_\_

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

Static Water Level: 150' feet (above or below) land surface (circle one) Date measured: 5-13-15

Method of measurement (circle one):  Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

Well depth: 370 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement  Bentonite  Mix

Casing length: 340 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: .006 inches Setting depth: From 340 feet to 370 feet

Type of completion (circle all applicable): Gravel packed  Underreamed  Open hole  Natural Development

Other (describe): Sand packed.

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet.

*If telescoped or more than one screen, describe on next page*

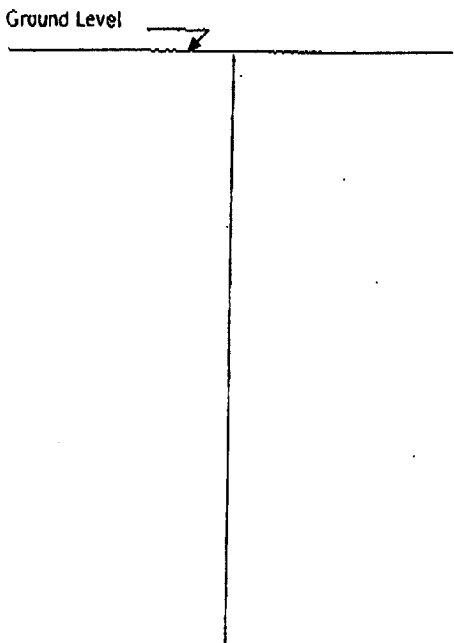
County: \_\_\_\_\_  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: A 114

The sketch below only required for water wells

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

If well telescopes, show depths on sketch.



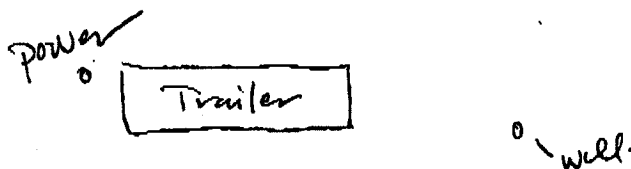
Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	15
Fine sand	15	25
Sandy shale	25	95
Coarse sand	95	100
Sandy shale	100	200
sand	200	210
shale (lignite)	210	230
Sandy shale - fine	230	310
Sandy shale	310	340
sand	340	350
shale	350	353
sand	353	365
Sandy shale	365	370

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) north arrow

*Also see map attached.*



Roy Dolar

Landowner Name: \_\_\_\_\_

I HEREBY 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.

Herald Hill 000  
 Print Name of Responsible Licensee and License No.

6/3/15  
 Date

Herald Hill  
 Signature of Licensee

### STATE WELL REPORT

County: Lauderdale  
 Permit #: \_\_\_\_\_  
 Driller: McDonald-Hill  
 Date completed: 6-15-15  
 Copy information from block on Part 1

Part 2  
**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225-2309  
 (601)961-5210  
 (601) 360-0535 (fax)

For Office Use Only:  
 Well #: A114  
 Aquifer: \_\_\_\_\_

*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.*

<b>Well Owner Information</b>		<b>Well Location</b>	
Owner Name: <u>Joel Alonso</u>		Latitude: <u>32.488650</u>	Longitude: <u>-89.858675</u>
Mailing Address: <u>11986 Roy Dellarpa</u>		Method of Lat/Long (check one): Conventional Survey _____	
<u>Collinsville</u> MS		USGS quad _____	Hand-held GPS _____
City State Zip Code		Survey-grade GPS _____	_____ 1/4 Sec <u>34</u> T <u>8N</u> R <u>14E</u>
Telephone No. <u>601 692-5363</u>		<u>1</u> Miles (Distance)	<u>SE</u> of <u>Collinsville</u> (Direction) (Nearest Town)

**Pump Type (circle one)**  
 Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_  
 Date Pump Installed: 6-15-15 Rated Pump Capacity: 5 Gallons Per Minute  
 Is This Pump (circle one):  New  Repaired  Replacement

**Power Type (circle one)**  
 Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): \_\_\_\_\_  
 Horse Power Rating of Motor: 1/2 Setting Depth: 200 feet Number of Stages: 15

**Pump Test Data for Non Flowing Well**  
 Date Well Tested: 6-14-15 Duration of Pump Test (minimum 4 hours): 4 hours  
 Static Water Level (A): 150 Feet Below Land Surface Pumping Water Level (B): 175 Feet Below Land Surface  
 Drawdown ((B) - (A)): 25 Feet Below Land Surface Test Pumping Rate: 5 Gallons Per Minute  
 Method of measurement (circle one):  Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**  
 Measured shut in head: \_\_\_\_\_ feet.  
 Well yielded 5 GPM with a drawdown of 25 feet after 4 hours of pumping

**Meter Installation**  
 Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_  
 Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_  
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_  
 Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_  
 Is This Meter (circle one):  New  Repaired  Replacement  
*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
Harold Hill # 0-8 6/3/15 Harold Hill  
 Print Name of Pump Installer and License No. (If applicable) Date Signature of Pump Installer