

### 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)

County: Lauderdale  
 Permit #: MS-GW-16887  
 Driller: McDonald-Hill  
 Date drilling completed: 8/16/11

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: C63  
 L. S. Elevation: \_\_\_\_\_  
 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.*

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Charles</u>	Latitude: <u>32°33'51"</u> Longitude: <u>88°42'04"</u>
Mailing Address: <u>105 OAKMONT Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Starkville MS 39759</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE</u> 1/4 <u>SW</u> 1/4 Sec <u>6</u> Twn <u>8N</u> Rng <u>10E</u>
Telephone No. ( ) _____	Distance _____ Direction _____ Nearest Town _____
	Miles _____ of _____

**Well / Borehole Data**

Date drilling started: 8/11/11 Date drilling completed: 8/16/11 Hole depth: 340 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: 1 lb 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 (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: 80 feet above or below (circle one) land surface Date measured: 8/16/11

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

Well depth: 340 Well grouted to a depth of \_\_\_\_\_ feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 160 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .012 inches Setting depth: From 280 feet to 340 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: 120 feet. *If telescoped or more than one screen, describe on next page*

*fixed  
8/19/11*



### 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: Lauderdale  
 Permit #: \_\_\_\_\_  
 Driller: \_\_\_\_\_  
 Date completed: 8/10/11  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: C63  
 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>Charles Clayton</u>	Latitude: <u>32-33-51</u> Longitude: <u>88-42-04</u>
Mailing Address: <u>105 OAKMONT 2d</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Starkville MS 39759</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 10 T 8N R 10E</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	Miles _____ of _____

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 HP</u>
Date Pump Installed: <u>8/18/11</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8/18/11</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>80</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>115</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>35</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>35</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.

HMCOD Hill #0-8  
 Print Name of Pump Installer and License No. (if applicable)

[Signature]  
 Signature of Pump Installer