

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: D 116
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Lauderdale
Permit #: 6W16854
Driller: _____
Date drilling completed: _____

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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Dalewood Property owners</u>	Latitude: <u>32° 29' 14"</u> Longitude: <u>88° 30' 54"</u>
Mailing Address: <u>8905 Launch Dr.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Lauderdale</u> MS <u>39325</u>	<u>SE</u> ¼ <u>SW</u> ¼ Sec <u>36</u> Twn <u>8N</u> Rng <u>17E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>2</u> Miles <u>S</u> of <u>Lauderdale</u>
Well / Borehole Data	
Date drilling started: <u>3/15/11</u>	Date drilling completed: <u>3/16/11</u> Hole depth: <u>210</u> Hole diameter: <u>8"</u>
Location of the source of any surface water used for drilling: <u>Community Water</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>1 lb per 1,000 gallons H₂O</u>	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/>	
Seismic Survey <input type="checkbox"/> Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other: <input checked="" type="checkbox"/>	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>30</u> feet above or below (circle one) land surface Date measured: <u>3/18/11</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Well depth: <u>200</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix	
Casing length: <u>137</u> feet Casing diameter: <u>8"</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>#-012</u> inches Setting depth: From <u>100</u> feet to <u>200</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed <u>Telescoped</u> Open hole <u>Natural Development</u>	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>177 1/2</u> feet. <i>If telescoped or more than one screen, describe on next page</i>	

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

RECEIVED
APR 18 2011
BY: OLWR

copy

STATE WELL REPORT

County: Lauderdale
 Permit #: GW 16854
 Driller: McDonald & Hill
 Date completed: 4/22/11
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
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: D116
 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>Dalewood Property owners</u>	Latitude: <u>32-29-14</u> Longitude: <u>88-30-54</u>
Mailing Address: <u>8905 Launch Dr.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Lauderdale, MS</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 SW 1/4 Sec 36 T 8N R 17E</u>
Telephone No. () _____	Distance Direction Nearest Town
	Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>7 1/2 HP</u>
Date Pump Installed: <u>4/22/11</u>	Setting Depth: <u>105</u> feet
Rated Pump Capacity: <u>230</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4/20/11</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>30</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>80</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>50</u> Feet Below Land Surface	Well yielded <u>200</u> GPM with a drawdown of
Test Pumping Rate: <u>100</u> Gallons Per Minute	<u>50</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 / #08
 Print Name of Pump Installer and License No. (if applicable)

Harold Hill
 Signature of Pump Installer **RECEIVED**

Form: OLWR-SWR-18 (04/08)

BY: OLWR