

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: F78
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: LAUDERDALE
Permit #: _____
Driller: McDonald & Hill
Date drilling completed: 2/22/10

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Ken Hammer</u>	Latitude: <u>32° 24' 06"</u> Longitude: <u>88° 53' 56"</u>
Mailing Address: <u>6322 Boque Flower Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Chunky</u> MS	<u>SE 1/4 SE 1/4</u> Sec <u>31</u> Twn <u>7N</u> Rng <u>14E</u>
City State Zip Code	Distance Direction Nearest Twn <u>10</u> Miles <u>NE</u> of <u>Murder</u>
Telephone No. ()	

Well / Borehole Data

Date drilling started: 2/10/10 Date drilling completed: 2/22/10 Hole depth: 310 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: 60' feet above or below (circle one) land surface Date measured: 2/22/10

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

Well depth: 290 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 210 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 2 inches Type of screen: pvc sawed

Screen slot size: #.006 inches Setting depth: From 270 feet to 290 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: 200' feet. **If telescoped or more than one screen, describe on next page**

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

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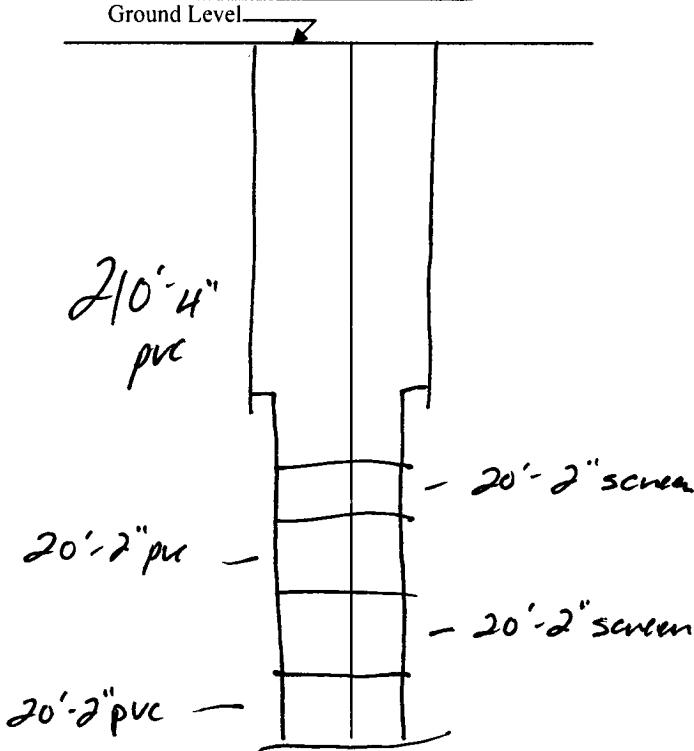
BY: OLWR

F78

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)
Sand	Ground Level	10
Sandy clay	10	20
Clay	20	30
sandy	30	70
lignite	70	72
fine sand	72	90
sandy shale	90	105
coarse sand	105	110
sandy shale	110	120
coarse sand	120	130
sandy shale	130	165
sand	165	170
shale	170	180
coarse sand	180	190
shale	190	210
sandy shale	210	220
shale	220	230
sandy shale	230	240
sand	240	245
shale	245	275
sandy shale	275	300
shale	300	310

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: Ken Hammer

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 #0-8 3/12/10
 Print Name of Responsible Licensee and License No. Date

Harold Hill **RECEIVED**
 Signature of Licensee **MAP 15 2010**

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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: Lauderdale
 Permit #: _____
 Driller: McDonald & Hill
 Date completed: 3/1/10
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: F 78
 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>Ken Hamner</u>	Latitude: <u>33-24-06</u> Longitude: <u>88-53-56</u>
Mailing Address: <u>6322 Bogue Flower Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Chunky</u> MS	<u>SE 1/4 SE 1/4 Sec 31 T 7N R 14E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (____) _____	<u>10</u> Miles <u>NW</u> of <u>Meridian</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> Summersible <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	Electric Motor <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2 HP</u>
Date Pump Installed: <u>3/1/10</u>	Setting Depth: <u>100'</u> feet
Rated Pump Capacity: <u>7</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3/1/10</u>	Air Line Electric Measuring Line Steel Tape <input checked="" type="radio"/>
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>75</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>15</u> Feet Below Land Surface	Well yielded <u>20</u> GPM with a drawdown of
Test Pumping Rate: <u>10</u> Gallons Per Minute	<u>15</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 Signature of Pump Installer

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