

County: Lauderdale  
 Permit #: \_\_\_\_\_  
 Driller: McDonald-Hill  
 Date drilling completed: 12/1/11

**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  
 (801)961-5210  
 (601)961-5228 (fax)

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: F79  
 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.*

<p><b>Information on Well Owner</b>  <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>JAMES JETT</u>        Mailing Address: <u>2851 Sugarbush Meehan Rd.</u>  <u>Meridian MS 39305</u>        City State Zip Code        Telephone No. ( ) _____</p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>32° 25' 25"</u> Longitude: <u>88° 50' 27"</u>        Method of Lat/Long (circle one): Conventional Survey,        USGS quad, Hand-held GPS, Survey-grade GPS  <u>NW 1/4 NW 1/4 Sec 26 Twn 7N Rng 14E</u>        Distance Direction Nearest Town        _____ Miles _____ of _____</p>
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**Well / Borehole Data**

Date drilling started: 11/29/11 Date drilling completed: 12/1/11 Hole depth: 580 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: 115 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: 750 feet above or below (circle one) land surface Date measured: 12/1/11

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

Well depth: 580 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement  Bentonite  Mix

Casing length: 320 feet Casing diameter: 4 inches Type of casing: pvc

Screen length: 20 feet Screen diameter: 2 inches Type of screen: pvc

Screen slot size: #.006 inches Setting depth: From 500 feet to 580 feet

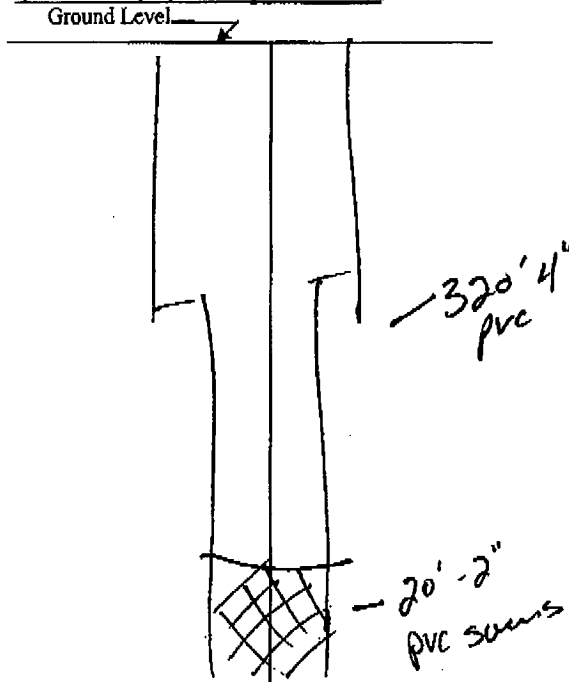
Type of completion (circle all applicable): Gravel packed  Underreamed   Telescoped  Open hole  Natural Development  
 Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

F79

The sketch below only required for water wells.

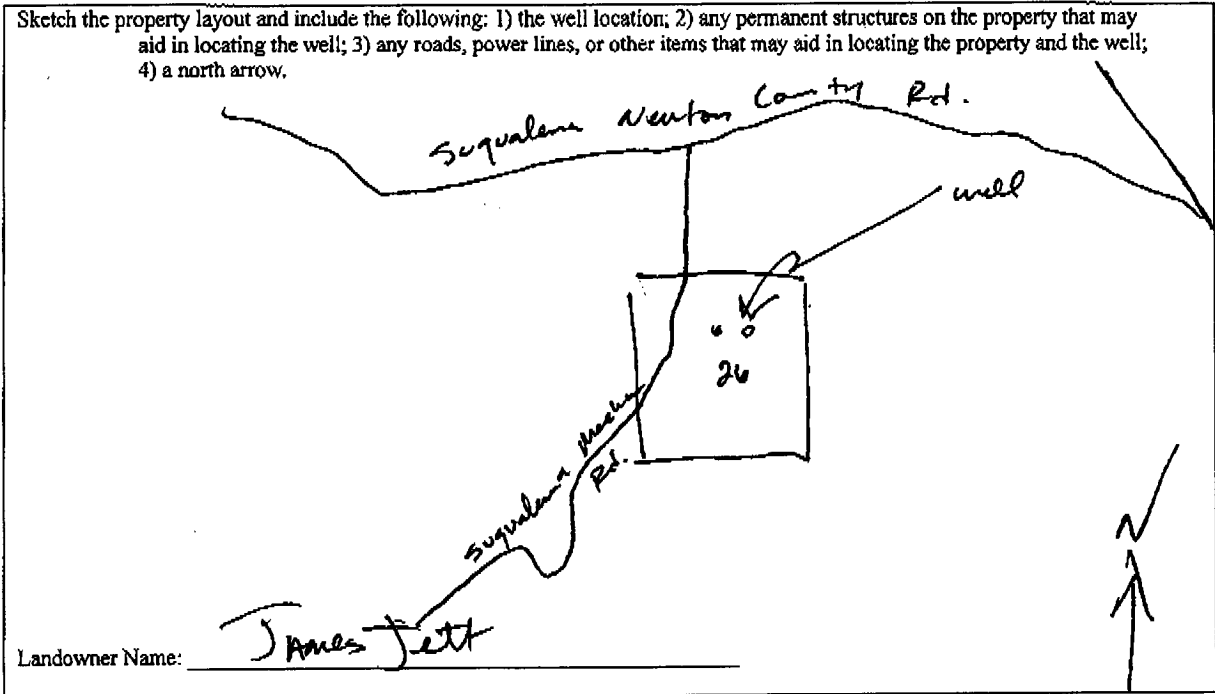
If well telescopes, show depths on sketch.



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)
Red Sand	Ground Level	40
shale Rock st.	40	140
Shale - Sand st.	140	200
shale	200	295
Sandy shale	295	350
sand	350	360
Sandy shale	360	370
sand	370	380
sandy shale.	380	440
shale	440	400
Sandy shale	400	480
sand.	480	490
shale	490	500
sand	500	570
Sandy shale.	570	580

If more than one screen, show location of each on sketch



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.

McDonald & Hill / Harold Hill / #0-8      12/20/11  
 Print Name of Responsible Licensee and License No.      Date

Harold Hill  
 Signature of Licensee

### STATE WELL REPORT

County: Lauderdale  
 Permit #: \_\_\_\_\_  
 Driller: Mcdonald-Hill  
 Date completed: 12/7/11  
*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 #: F79  
 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>James Jett</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>5456 Squalana Mechem Rd. S</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Meridian MS 39307</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>20 T 7W R 14E</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> <input type="radio"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4 HP</u>
Date Pump Installed: <u>12/7/11</u>	Setting Depth: <u>300</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>12/7/11</u>	Air Line Electric Measuring Line <u>Steel Tape</u> <input type="radio"/>
Static Water Level (A): <u>250</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>275</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>25</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>25</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.

Mcdonald & Hill / Harold Hill / #08  
 Print Name of Pump Installer and License No. (if applicable)

James Jett  
 Signature of Pump Installer

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