

State Well Report

Part I – 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 #: _____
 Driller: McDonald & Hill
 Date drilling completed: 9/3/10

DA-1444

For Office Use Only:

Aquifer: _____
 Well #: F80
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Martin Dooley</u>	Latitude: <u>32° 27' 11"</u> Longitude: <u>88° 50' 37"</u>
Mailing Address: <u>11642 Hwy 494</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Meridian</u> <u>MS</u> City State Zip Code	SW $\frac{1}{4}$ NW $\frac{1}{4}$ Sec <u>14</u> Twn <u>7N</u> Rng <u>14E</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____
Well / Borehole Data	
Date drilling started: <u>8/3/10</u> Date drilling completed: <u>9/3/10</u> Hole depth: <u>410</u> Hole diameter: <u>7</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</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 _____ Ground Source Heat Pump _____ Seismic Survey _____ 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 checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>90</u> feet above or below (circle one) land surface Date measured: <u>9/3/10</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Well depth: <u>410</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>210</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>30</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>#.006</u> inches Setting depth: From <u>380</u> feet to <u>410</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u> Other (describe): _____	
Top of lap pipe or reduction in casing: <u>200</u> feet. <i>If telescoped or more than one screen, describe on next page</i>	

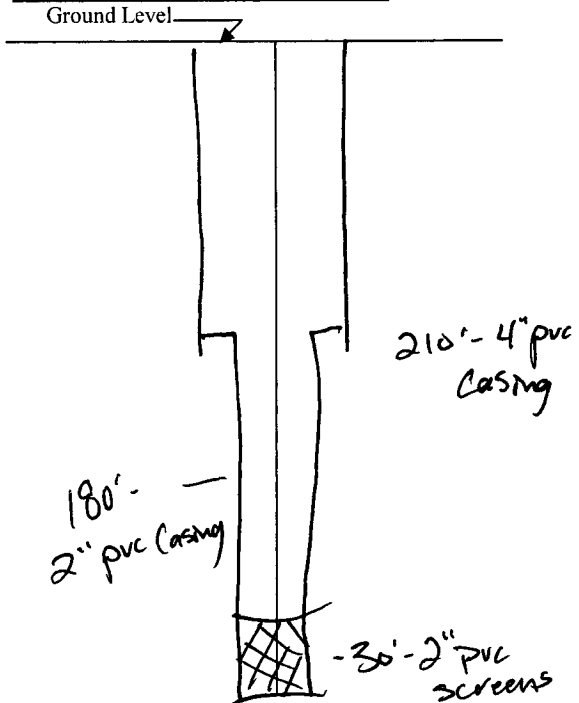
Form: OLWR-SWR-1A (04/08)

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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

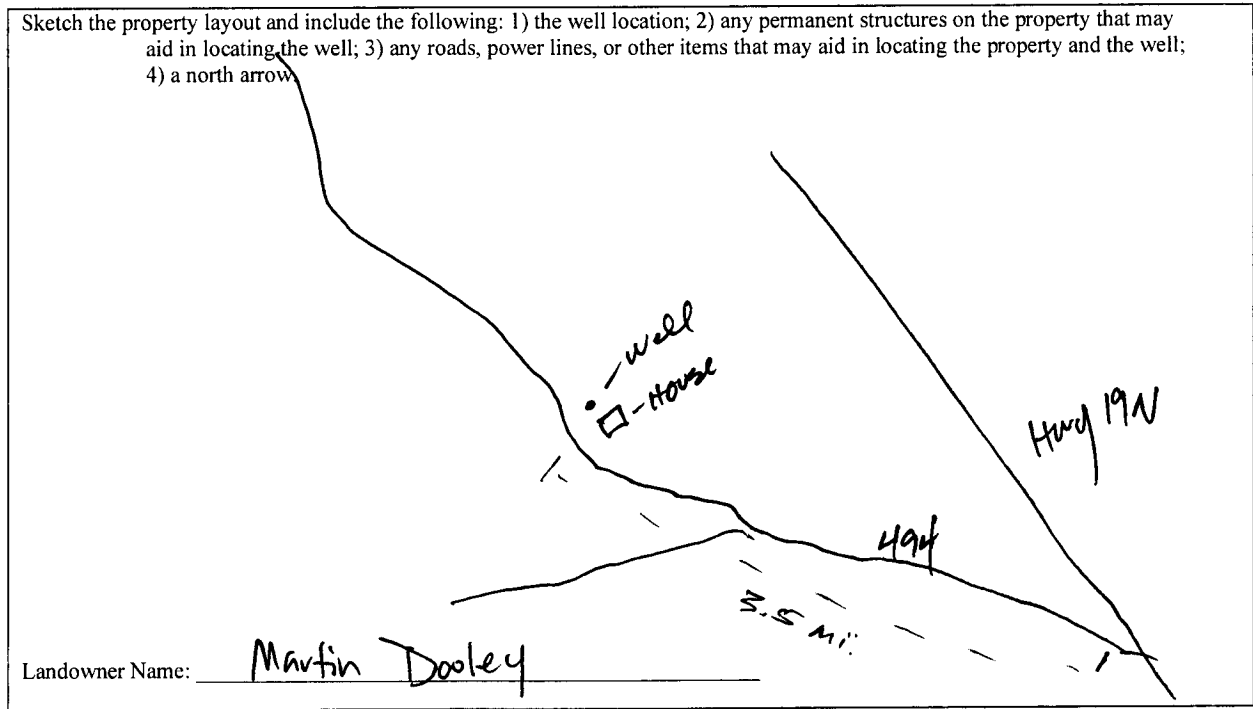
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	12
Med. shale w/ st. sand	12	70
shale w/ stre lg sand	70	80
sand	80	103
limy shale	103	125
Hard lime	125	128
sand w/ shale st.	128	142
limy shale	142	150
Hard shale.	150	154
sand.	154	157
Hard shale	157	173
Hard lime	173	175
sand w/ shale st.	175	182
Hard shale	182	270
Hard shale w/ lg st	270	300
Med to Hard shale	300	382
sand w/ shale st	382	388
sand.	388	395
Sand w/ shale st.	395	400
Sand w/ shale st	400	405
sand	405	410

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: Martin Dooley

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
 Print Name of Responsible Licensee and License No.

9/7/10
 Date

Harold Hill
 Signature of Licensee

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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's Hill
 Date completed: 9/7/10
Copy information from block on Part 1

For Office Use Only:

Aquifer: F80
 Well #: _____
 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>Martin Dooley</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>11642 Hwy 494</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Meridian</u> MS <u>39305</u> City State Zip Code	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
Telephone No. (____) _____	_____ 1/4 _____ 1/4 Sec <u>14</u> T <u>7N</u> R <u>14E</u>
	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>1/2</u>
Date Pump Installed: <u>9/7/10</u>	Setting Depth: <u>120</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>9/7/10</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>90</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>97</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>7</u> Feet Below Land Surface	Well yielded <u>10</u> GPM with a drawdown of
Test Pumping Rate: <u>7</u> Gallons Per Minute	<u>7</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's Hill #0-8
 Print Name of Pump Installer and License No. (if applicable)

Harold Hill
 Signature of Pump Installer

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

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 OCT 05 2010
 BY: OLWR