

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)961-5226 (fax)

County: Lauderdale
 Permit #: _____
 Driller: McDonald #1171
 Date drilling completed: 5/31/13

For Office Use Only:
 Aquifer: _____
 Well #: F82
 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>Clifford Holloway</u>	Latitude: <u>32° 27' 57"</u> Longitude: <u>88° 51' 22"</u>
Mailing Address: <u>Highway 494 Collinsville, MS</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	<u>SE 1/4 NW 1/4 Sec 10 Twn 7N Rng 14E</u>
Telephone No. (____) _____	Distance _____ Miles _____ Direction _____ of _____ Nearest Town _____

Well / Borehole Data

Date drilling started: 5/24/13 Date drilling completed: 5/31/13 Hole depth: 480 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: 110 per 1,000

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: 100' feet above or below (circle one) land surface Date measured: 5/31/13

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

Well depth: 480 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix _____

Casing length: 240 feet Casing diameter: 4 inches Type of casing: pvc

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

Screen slot size: .006 inches Setting depth: From 420 feet to 480 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: 230 feet. *If telescoped or more than one screen, describe on next page*

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

JUN 12 2013

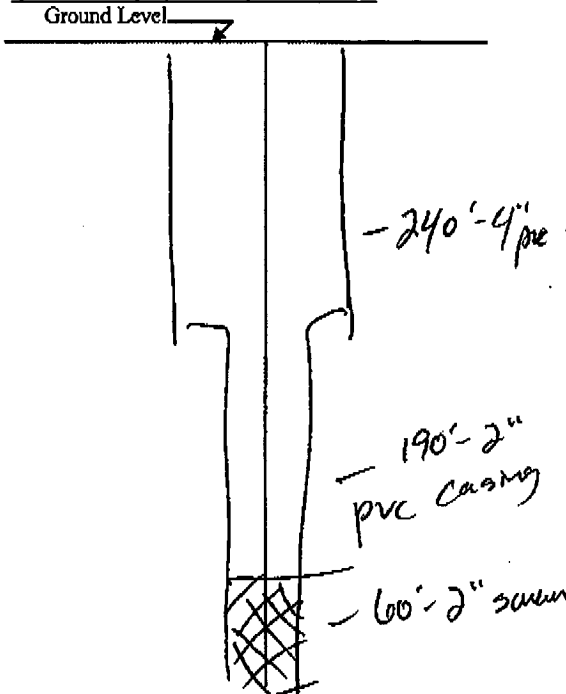
BY: OLWR

F82

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

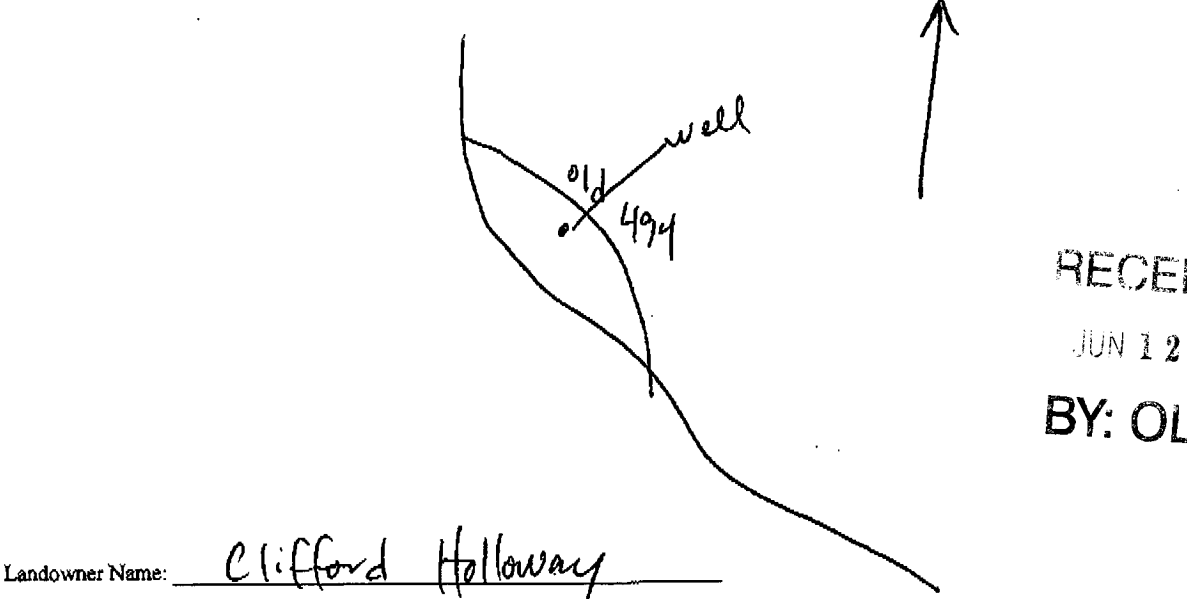
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Red Clay / sand streaks	Ground Level	20
shale	20	100
sand	100	120
shale / clay st.	120	160
Coarse Sand	160	190
sandy shale / clay st.	190	200
Coarse sand	200	215
sandy shale / clay st.	215	240
shale / sand st.	240	300
sand	300	305
sandy shale	305	420
sand	420	440
sandy shale	440	480

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.



RECEIVED
JUN 12 2013
BY: OLWR

Landowner Name: Clifford Holloway

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 #0-0 Harold Hill 6/12/13
Print Name of Responsible Licensee and License No. Date

Harold Hill
Signature of Licensee

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: 6/5/13
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: F82
 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>Clifford Holloway</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>old Hwy 494</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Collinsville</u> <u>ms</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>10</u> T <u>7N</u> R <u>14E</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 Turbine	Electric Motor 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>6/5/13</u>	Setting Depth: <u>700</u> feet
Rated Pump Capacity: <u>5</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6/5/13</u>	Air Line Electric Measuring Line Steel Tape <input checked="" type="radio"/>
Static Water Level (A): <u>160</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>190</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>30</u> Feet Below Land Surface	Well yielded <u>10</u> GPM with a drawdown of
Test Pumping Rate: <u>5</u> Gallons Per Minute	<u>70</u> feet after <u>5</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 #0-8 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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

JUN 12 2013

BY: OLWR