

County: Lauderdale
 Permit #: _____
 Driller: McDonald & Hill
 Date drilling completed: 7-16-09

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: _____
 Well #: H107
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Chris Price</u>	Latitude: <u>32° 24' 46"</u> Longitude: <u>88° 40' 50"</u>
Mailing Address: <u>312 51st st.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Meridian</u> MS <u>39305</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	NW¼ NE¼ Sec <u>32</u> ✓ Twn <u>7N</u> ✓ Rng <u>10E</u> ✓
Telephone No. <u>(601)</u>	Distance Direction Nearest Town
	_____ Miles _____ of _____

Well / Borehole Data

Date drilling started: 7-13-09 Date drilling completed: 7-16-09 Hole depth: 620 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: 1000 lbs per 1000

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: 185 feet above or below (circle one) land surface Date measured: 7-16-09

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

Well depth: 620 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 410 feet Casing diameter: 4 inches Type of casing: pvc

Screen length: 50 feet Screen diameter: 2 inches Type of screen: pvc sawed

Screen slot size: #.008 inches Setting depth: From 570 feet to 620 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: 390 feet. *If telescoped or more than one screen, describe on next page*

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

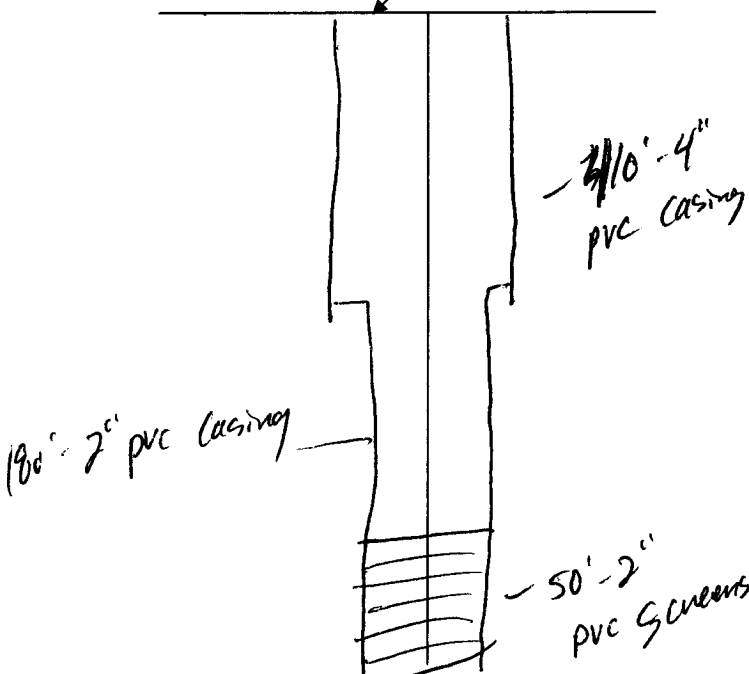
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The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.

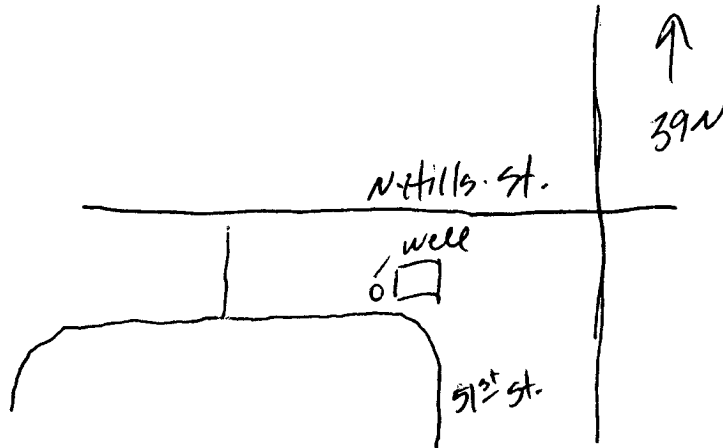
Ground Level →



Description of Formations Encountered	From (depth)	To (depth)
Red sand	Ground Level	15
Clay	15	25
shale	25	40
sand	40	45
shale	45	55
sandy shale	55	70
shale	70	135
sand medium	135	160
sandy shale	160	170
sand Fine	170	200
shale	200	215
Rock	215	217
sandy shale	217	275
sand	275	290
shale	290	300
sandy shale	300	350
shale	350	380
sandy shale	380	390
shale	390	460
sandy shale	460	510
sand	510	520
sandy shale	520	540
sand	540	567
Rock	567	568
sand	568	610
shale	610	620

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: Chris Price

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

8-11-09

Harold Hill

Print Name of Responsible Licensee and License No.

Date

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: 7-30-09
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: H107
 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>Chris Price</u>	Latitude: <u>32-24-46</u> Longitude: <u>88-40-50</u>
Mailing Address: <u>312 51st st.</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Meridian</u> MS <u>39305</u>	<u>NW 1/4 NE 1/4 Sec 32 T 7N R 10E</u>
City State Zip Code	Distance Direction Nearest Town _____ Miles _____ of _____
Telephone No. (____) _____	

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 <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input 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</u>
Date Pump Installed: <u>7-30-09</u>	Setting Depth: <u>240</u> feet
Rated Pump Capacity: <u>7</u> Gallons Per Minute	Number of Stages: <u>18</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-30-09</u>	Air Line Electric Measuring Line <u>Steel Tape</u> <input type="radio"/>
Static Water Level (A): <u>185</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>200</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>15</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's Hill / #08 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-15 (7/08) **RECEIVED**

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