

# State Well Report

Part 1

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: L-69  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Lauderdale  
Permit #: \_\_\_\_\_  
Driller: McDonald-Hill Inc.  
Date drilling completed: 1-7-08

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name <u>Boyd Williams</u>	Latitude: <u>32° 19' 53"</u> Longitude: <u>88° 51' 44"</u>
Mailing Address: <u>10445 G.C. Roberts Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Meridian</u> <u>MS</u> <u>39307</u>	<u>NW</u> ¼ <u>SW</u> ¼ Sec <u>27</u> Twn <u>6N</u> Rng <u>14E</u>
City State Zip Code	Distance <u>1/2</u> Miles Direction <u>E</u> of Nearest Town <u>Meehan</u>
Telephone No. <u>(601) 483-2121</u>	

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 12-31-07 Date well drilling completed: 1-7-08

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 100' feet above or below (circle one) land surface Date measured: 1-7-08

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

Hole depth: 350 Well depth: 350 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 242 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 2" inches Type of screen: PVC (Johnson) wrapped

Screen slot size: #.004 inches #.006 inches Setting depth: From 310 feet to 350 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: 220 feet If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

McDonald-Hill Inc. #0-8  
Print Name of Water Well Contractor and License No.

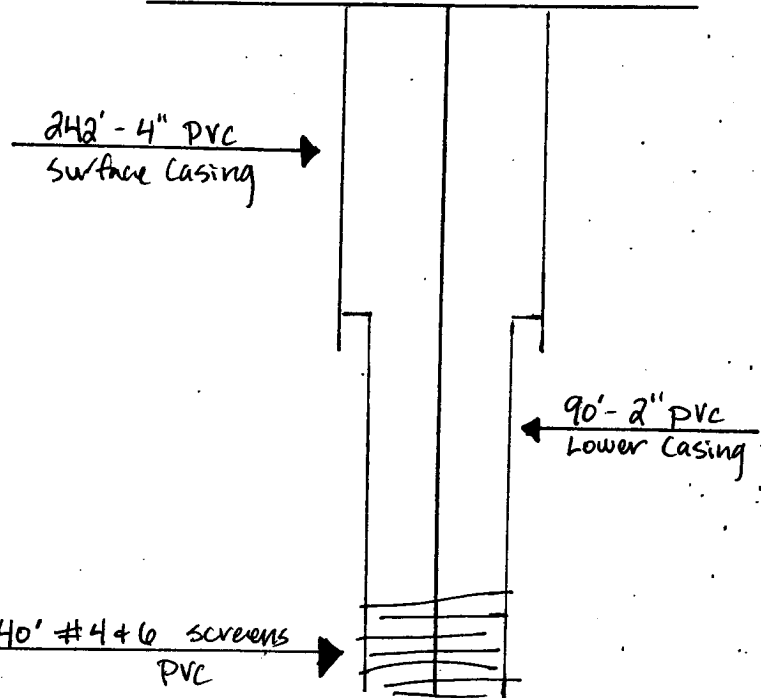
Harold Hill  
Signature of Water Well Contractor

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BY: OLWR

L-69

If well telescopes please sketch below and show depths.

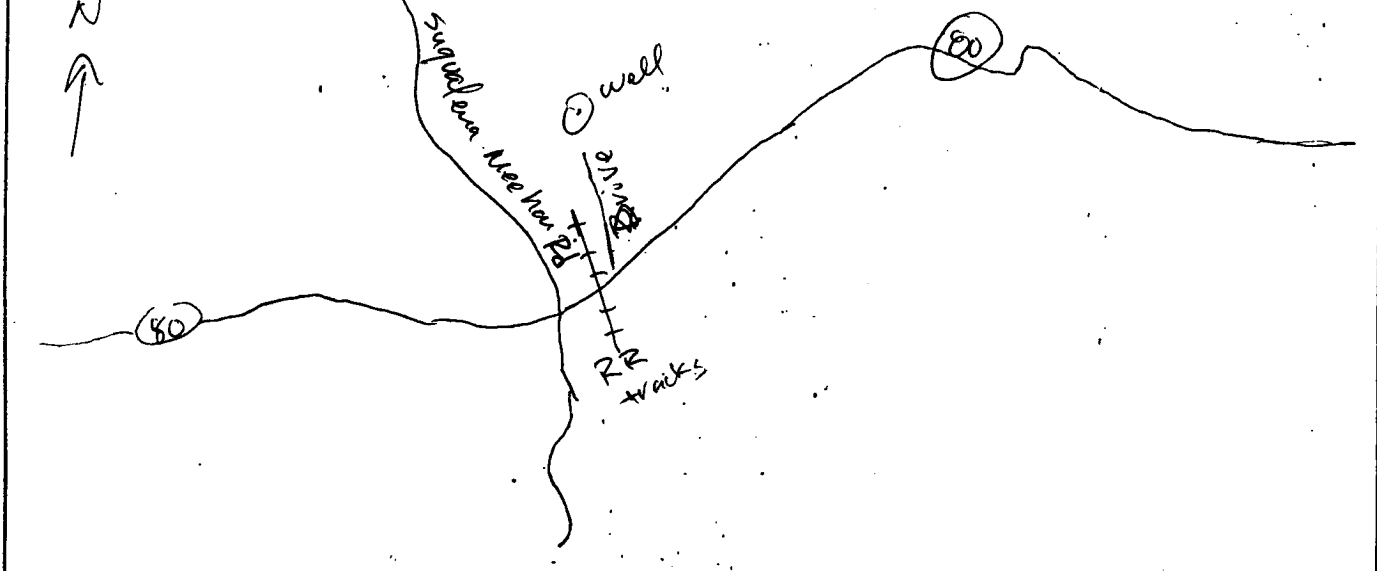
Ground Level



Description of Formations Encountered	From	To
Clay w/ Rock St. @ 8'	0	20
Clay Rock St.	20	42
Clay	42	70
shale	70	83
shale sandy shale	83	104
shale	104	146
Fine sand	146	167
sandy shale	167	209
sand	209	230
shale	230	280
sand	280	350
Rock	350	350

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) indicate direction.



Landowner Name: Boyd Williams

Harold Hill  
Signature of Water Well Contractor

# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

**For Office Use Only:**

Aquifer: \_\_\_\_\_

Well #: L-69

Elevation: \_\_\_\_\_

County: Lauderdale  
 Permit #: \_\_\_\_\_  
 Driller: McDonald-Hill Inc.  
 Date completed: 1-11-08

**This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.**

Well Owner Information	Well Location
Owner Name: <u>Boyd Williams</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>10445 G.C. Roberts Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Meridian, MS 39307</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>27</u> Twn <u>6N</u> Rng <u>14E</u>
Telephone No. <u>(601) 483-2121</u>	Distance Direction Nearest Town <u>1/2</u> Miles <u>E</u> of <u>Meehan</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>1-11-08</u>	Setting Depth: <u>100'</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-11-08</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>100</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>112</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>12</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>12</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 Inc. #0-8 Shardel Hill  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer