

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: L 70
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: i underdale
Permit #: _____
Driller: McDonald & Hill
Date drilling completed: 10/26/09

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>Julie Allbrook</u>	Latitude: <u>32° 20' 07"</u> Longitude: <u>88° 53' 14"</u>
Mailing Address: <u>2605 Pearry Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Meridian</u> MS <u>391301</u>	SW $\frac{1}{4}$ NE $\frac{1}{4}$ Sec <u>29</u> Twn <u>6N</u> Rng <u>14E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>1</u> Miles <u>W</u> of <u>Moena</u>

Well / Borehole Data

Date drilling started: 10/22 Date drilling completed: 10/26 Hole depth: 390 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: 1lb 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: 120 feet above or below (circle one) land surface Date measured: 10/26/09

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

Well depth: 380 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 258 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 2 inches Type of screen: PVC sawed

Screen slot size: #.008 inches Setting depth: From 300/370 feet to 310/380 feet

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

Other (describe): _____

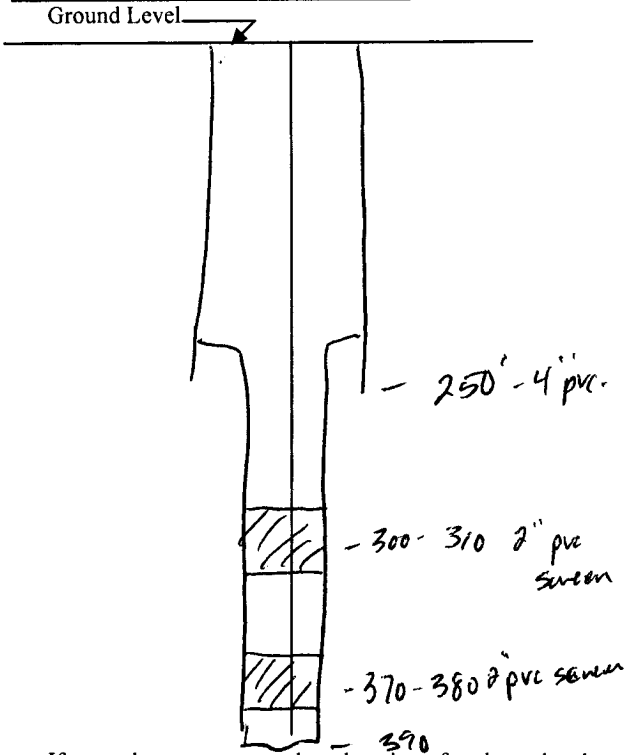
Top of lap pipe or reduction in casing: 250 feet. ***If telescoped or more than one screen, describe on next page***

L70

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

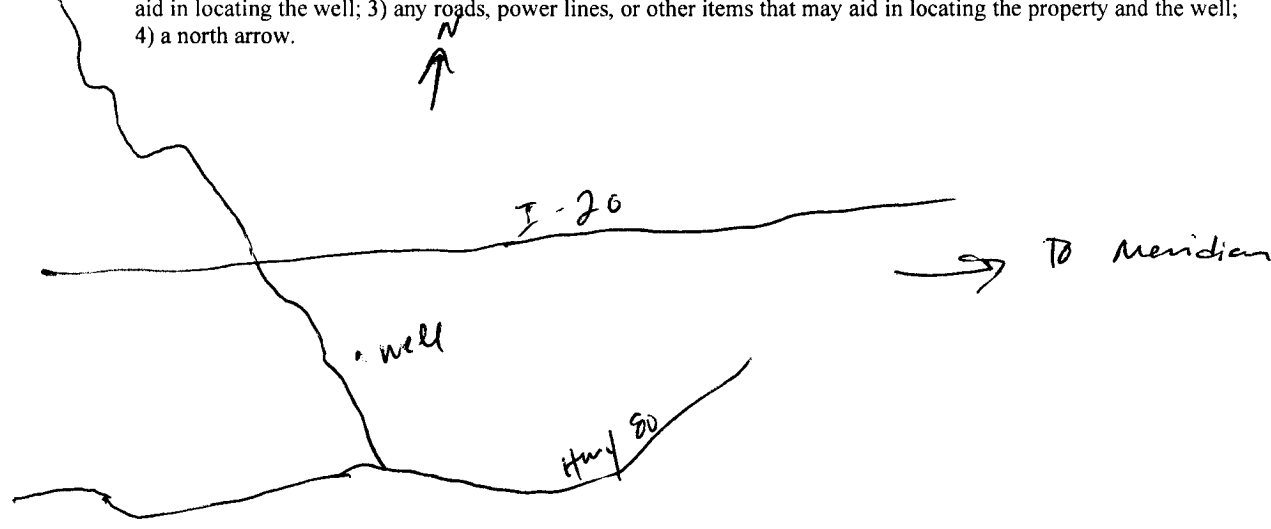
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Red Sandy Clay	Ground Level	10
Rock	10	12
white clay	12	20
shale Rock str.	20	140
Sandy shale	140	160
fine sand	160	180
Med. sand	180	210
Coarse sand	210	220
Med. Sand	220	230
sandy shall.	230	235
shale	235	250
sandy shale	250	280
shale	280	300
sand	300	310
fine sand - shale st.	310	330
fine sand	330	360
sand	360	380
shale	380	390
Rock.	390	

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: Julie Allbrook

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 #108

11/4/09

Harold Hill

Print Name of Responsible Licensee and License No.

Date

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)

For Office Use Only:

Aquifer: L70
 Well #: _____
 Elevation: _____

County: Lauderdale
 Permit #: _____
 Driller: McDonald & Hill
 Date completed: 10/27/09
Copy information from block on Part 1

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>Julie Allbrook</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2605 Peavey Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Mendon</u> <u>MS</u> <u>39301</u> City State Zip Code	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
Telephone No. (____) _____	_____ 1/4 _____ 1/4 Sec <u>29</u> T <u>6</u> N R <u>14E</u>
	Distance Direction Nearest Town
	<u>1</u> Miles <u>W</u> of <u>Meehan</u>

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 HP</u>
Date Pump Installed: <u>10/27/09</u>	Setting Depth: <u>160</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>10/26/09</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): 120 <u>120</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>140</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>20</u> Feet Below Land Surface	Well yielded <u>20</u> GPM with a drawdown of
Test Pumping Rate: <u>10</u> Gallons Per Minute	<u>20</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-Hill / #0-8 Harold Hill
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer