

County: Lauderdale  
 Permit #: GW 16624  
 Driller: McDonald Hill  
 Date drilling completed: 1-26-09

### 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 #: M-142  
 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>Maples Gas Co.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 292</u> <u>Meridian MS 39301</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>1/4 1/4 Sec 73 Twn 6N Rng 15E</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>2 Miles SW of Meridian</u>

**Well / Borehole Data**

Date drilling started: 12/31/08 Date drilling completed: 1/26/09 Hole depth: 764 Hole diameter: 6

Location of the source of any surface water used for drilling: Community

Method of dosing and volume of Chlorine used in drilling and development: 11b 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: Fire protection

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

Static Water Level: 50 feet above or below (circle one) land surface Date measured: 1/26/09

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

Well depth: 760 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement  Bentonite  Mix

Casing length: 495 feet Casing diameter: 6 inches Type of casing: steel

Screen length: 40' feet Screen diameter: 4" inches Type of screen: stainless steel

Screen slot size: #.010 inches Setting depth: From 507 feet to 607 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: 473' feet. If telescoped or more than one screen, describe on next page

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

RECEIVED  
 FEB 10 2009  
 BY: OLWR

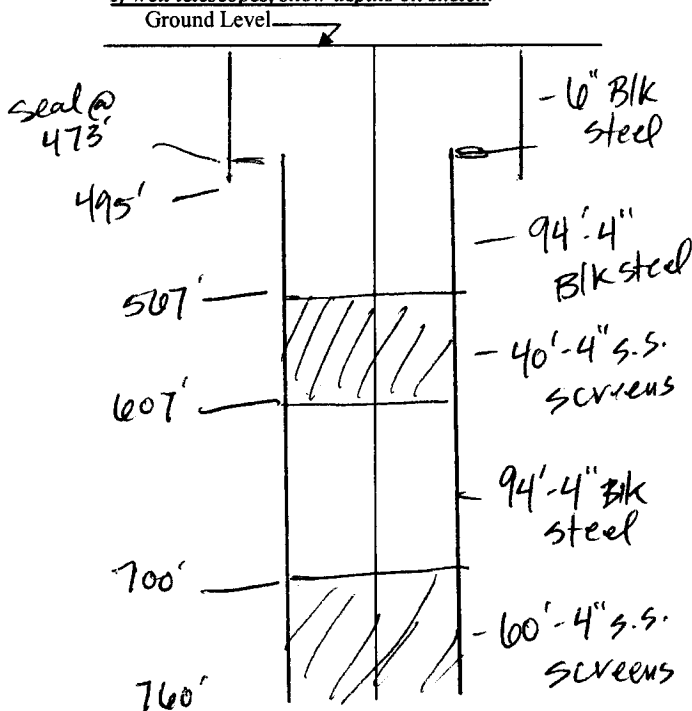
6W16624

M-142

The sketch below only required for water wells

If well telescopes, show depths on sketch.

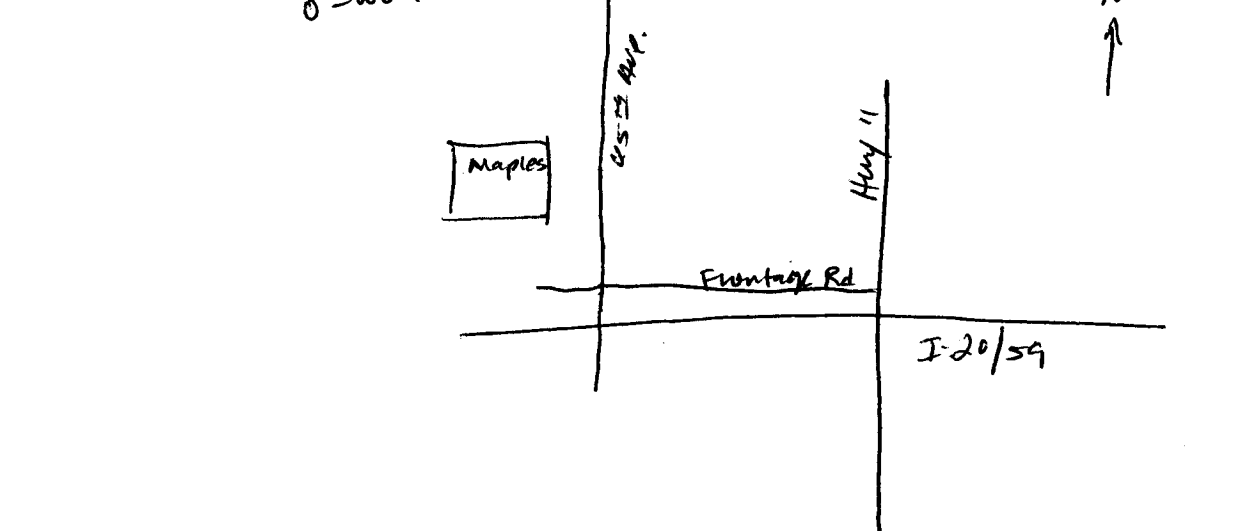
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations



Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	8
Sand	8	15
Clay	15	20
Sand	20	35
Clay	35	40
Sand coarse	40	50
Hard Limerock	50	56
shale	56	60
Sandy shale	60	130
shale	130	180
Sandy shale	180	240
shale	240	280
Sandy shale	280	300
Sand Fine	300	358
Sandy shale	358	380
shale	380	400
Sand coarse	400	415
Sandy shale	415	440
Sand	440	450
Sandy shale	450	540
shale	540	555
Sand coarse	555	620
Sandy shale	620	670
Sand	670	760
shale	760	764

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: Phillip Maples

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 & Hill/#0-8 2-9-09  
 Print Name of Responsible Licensee and License No. Date

Harold Hill  
 Signature of Licensee

RECEIVED  
 FEB 10 2009  
 BY: OLWR

# 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 #: GW16624  
 Driller: McDonald & Hill  
 Date completed: 3-16-09  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: M-142  
 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>Maples Gas Co.</u>	Latitude: _____ Longitude: _____
Mailing Address: _____ <u>P.O. Box 292</u> <u>Mendian MS 39301</u> <small>City State Zip Code</small>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec <u>23 T 6N R 15E</u>
Telephone No. (____) _____	Distance Direction Nearest Town <u>2 Miles SW of Mendian</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 Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>20HP</u>
Date Pump Installed: <u>3-16-09</u>	Setting Depth: <u>210</u> feet
Rated Pump Capacity: <u>300</u> Gallons Per Minute	Number of Stages: <u>6</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-2-09</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>42</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>157</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>115</u> Feet Below Land Surface	Well yielded <u>300</u> GPM with a drawdown of
Test Pumping Rate: <u>300</u> Gallons Per Minute	<u>115</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

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

RECEIVED

MAR 30 2009

BY: OLWR