

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 39225-2309
 (601)961-5210
 (601)360-0535 (fax)

County: Lauderdale
 Permit #: _____
 Driller: McDonald-Hill Inc
 Date drilling completed: 4-22-15

For Office Use Only:
 Well #: M147
 Aquifer: _____
 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.

Well Owner Information (Landowner if borehole is not for a water well)			Well or Borehole Location <u>88° 55' 21.885"</u>		
Owner Name: <u>Dr. Brian Wilkinson</u>			Latitude: <u>32° 32' 6450</u> Longitude: <u>80.922518</u>		
Mailing Address: <u>1313 66th Street</u>			Method of Lat/Long (check one): Conventional Survey _____		
Meridian <u>MS</u> <u>39305</u>			USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____		
City _____ State _____ Zip Code _____			<u>SW 1/4 SE 1/4, Sec 30²⁵ T 60N R 4E 13E</u>		
Telephone No. (____) _____			<u>1</u> Miles <u>E</u> of <u>Chunky</u> (Distance) (Direction) (Nearest Town)		

Well / Borehole Data

Date drilling started: 4-21-15 Date drilling completed: 4-22-15 Hole depth: 260 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: 1 lb 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 (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

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

Static Water Level: 22' feet [above or below] land surface Date measured: 4-22-15
(circle one)

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe) _____

Well depth: 260 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: 20 feet Screen diameter: 4 inches Type of screen: PVC Sanded

Screen slot size: .010 inches Setting depth: From 240 feet to 260 feet

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

Other (describe): Sand packed

Top of lap pipe or reduction in casing: _____ feet

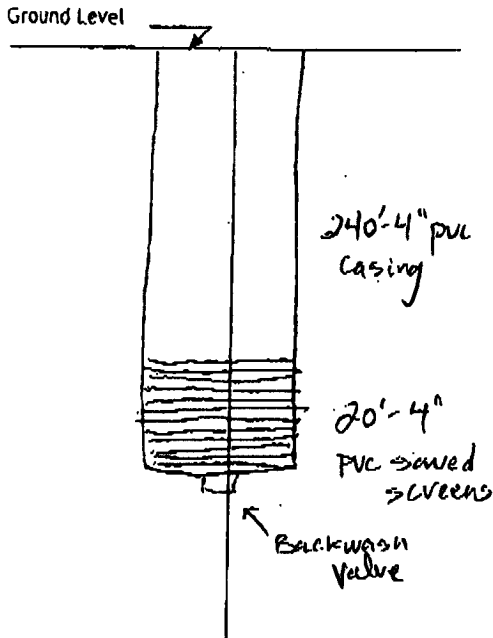
If telescoped or more than one screen, describe on next page

County: Lauderdale
 Permit #: _____

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The sketch below only required for water wells

If well telescopes, show depths on sketch.



If more than one screen, show location of each 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)
Sand / clay	Ground level	18
Rock st. / Hard shale	18	50
Shale	50	60
Coarse sand / sand st	60	130
Shale	130	167
Sand - Fine	167	190
Sand - Medium	190	220
Rock	220	222
Sand - Fine	222	230
Sand - Coarse	230	270

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) north arrow

See Map attached.
 Drive way to property is just West of the 2nd Chunky River Bridge if traveling West on Hwy 80. Well is on West end of Shop which is about 500 Feet from the gate.

Landowner Name: _____

I HEREBY 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 # 0-8 5-1-15 [Signature]
 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 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

County: Lauderdale
 Permit #: _____
 Driller: McDonald & Hill
 Date completed: 4-23-15
Copy information from block on Part 1

For Office Use Only:
 Well #: M147
 Aquifer: _____

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>Dr. Brian Wilkinson</u>		Latitude:	<u>32.326450</u>
Mailing Address:	<u>1313 66th Street</u>		Longitude:	<u>-88.922518</u>
	<u>Meridian</u>	<u>MS</u>	<u>32° 19' 35.22"</u>	<u>88° 55' 21.665"</u>
City	State	Zip Code	Method of Lat/Long (check one): Conventional Survey _____	
Telephone No. (____)			USGS quad _____	Hand-held GPS _____
			SUR _____	Survey-grade GPS _____
			<u>SW</u> 1/4 <u>SE</u> 1/4, Sec. <u>3027</u>	<u>6N</u> R <u>14E</u> <u>13E</u>
			<u>1</u> Miles <u>E</u> of <u>Chunky</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 4-23-15 Rated Pump Capacity: 5 Gallons Per Minute
 Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
 Horse Power Rating of Motor: 1/2 Setting Depth: 90 feet Number of Stages: 15

Pump Test Data for Non Flowing Well
 Date Well Tested: 4-23-15 Duration of Pump Test (minimum 4 hours): 4 hours
 Static Water Level (A): 22' Feet Below Land Surface Pumping Water Level (B): 60' Feet Below Land Surface
 Drawdown [(B) - (A)]: 38 Feet Below Land Surface Test Pumping Rate: 10 Gallons Per Minute
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well
 Measured shut in head: _____ feet.
 Well yielded 10 GPM with a drawdown of 38 feet after 4 hours of pumping

Meter Installation
 Meter Manufacturer: _____ Meter Serial Number: _____
 Meter Model Number/Name: _____ Type of Meter: _____
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
 Installation Date: _____ Meter installed by: _____
 Is This Meter (circle one): New Repaired Replacement
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
McDonald & Hill #08 5-1-15 David Hill
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer