

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)

County: Lauderdale
Permit #: _____
Driller: McDonald-Hill, Inc.
Date drilling completed: 7-22-08

For Office Use Only:
Aquifer: _____
Well #: N-143
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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Dunn Road Builders</u>	Latitude: <u>32° 23' 19"</u> Longitude: <u>88° 34' 44"</u>
Mailing Address: <u>P.O. Box 6560</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Lawrel</u> MS <u>39441-6560</u>	<u>SE</u> ¼ <u>SE</u> ¼ Sec <u>4</u> Twn <u>6N</u> Rng <u>16E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 703-0557</u>	<u>1</u> Miles <u>E</u> of <u>Mendier</u>
Well / Borehole Data	
Date drilling started: <u>7-17-08</u> Date drilling completed: <u>7-22-08</u> Hole depth: <u>440</u> Hole diameter: <u>7"</u>	
Location of the source of any surface water used for drilling: <u>Community water source</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>2lb per 1,000 gallons</u>	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: <u>Rail car wash station</u>	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>50</u> feet above or below (circle one) land surface Date measured: <u>7-22-08</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Well depth: <u>400</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix	
Casing length: <u>240</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>30</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>Johnson</u>	
Screen slot size: <u>#.006</u> inches Setting depth: From <u>370</u> feet to <u>400</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>230</u> feet. <i>If telescoped or more than one screen, describe on next page</i>	

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

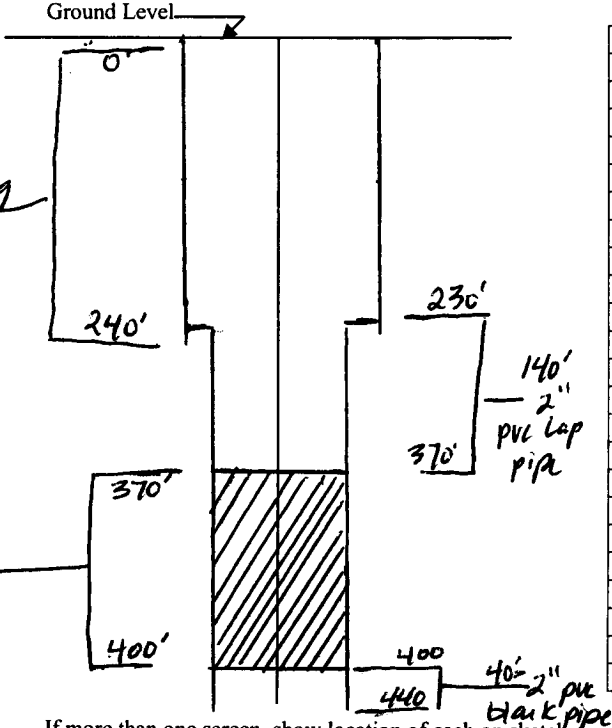
RECEIVED
JUL 30 2008
BY: OLWR

N-143

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

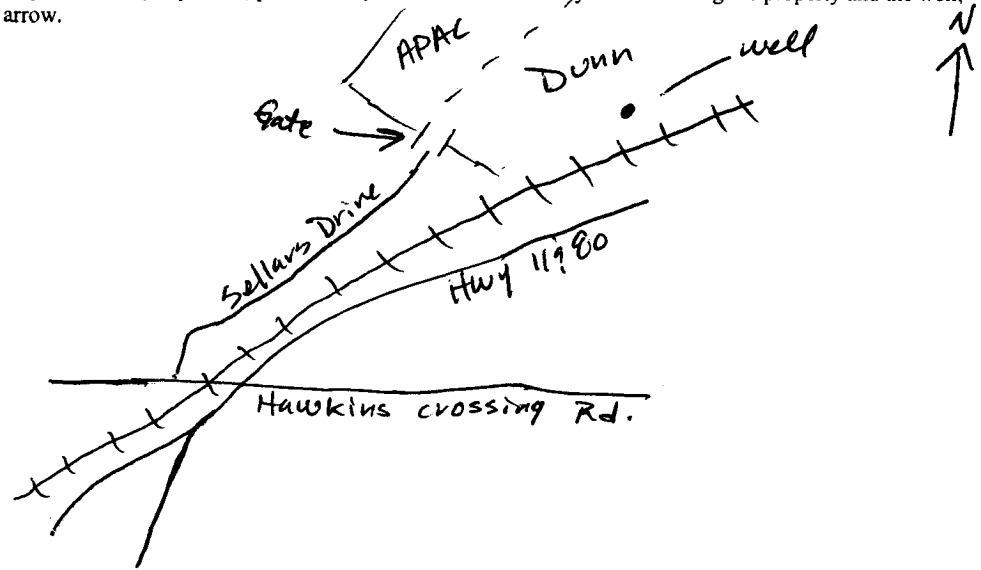
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Red Sand (Fill in dirt)	Ground Level	10
Clay	10	20
Sand w/ pea gravel	20	30
Sand	30	41
Rock	41	42
sandy shale	42	50
shale	50	65
sand	65	75
shale	75	80
Lignite	80	85
Shale w/ Lignite st.	85	110
Sand w/ shale st.	110	135
sand	135	145
Sand w/ shale st.	145	165
shale	165	190
Sand - st. of shale	190	220
shale	220	240
Sandy shale	240	280
Fine Sand	280	320
Sand #.006	320	340
Sandy shale	340	360
Sand #.006	360	400
Sandy shale	400	440

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: Dunn Road Builders

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.

Print Name of Responsible Licensee and License No. McDonald & Hill, Inc. #0-8 Date 7-28-08

Signature of Licensee Harold Hill

RECEIVED
JUL 30 2008
BY: OLWR

STATE WELL REPORT

Part 2

County: Lauderdale
 Permit #: _____
 Driller: McDonald-Hill, Inc
 Date completed: 7-31-08
Copy information from block on Part 1

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: _____
 Well #: N-143
 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>Dunn Road Builders</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 6560</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Laurel</u> MS <u>39441-6560</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>4</u> T <u>6N</u> R <u>14E</u>
Telephone No. <u>(601) 703-0557</u>	Distance Direction Nearest Town
	<u>1</u> Miles <u>E</u> of <u>Meridian</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> <input type="radio"/> <u>Turbine</u>	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> <input type="radio"/> <u>Flowing Well</u>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>7-31-08</u>	Setting Depth: <u>140</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>7-31-08</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> <u>Steel Tape</u>
Static Water Level (A): <u>50</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>70</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>15+</u> GPM with a drawdown of
Test Pumping Rate: <u>7</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.

McDonald-Hill, Inc. #0-8 Shavald Hill
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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

RECEIVED

AUG 21 2008

BY: OLWR