

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 #: P-36
L. S. Elevation: _____
E-log #: _____

County: Lauderdale
Permit #: _____
Driller: McDonnell & Hill Inc
Date drilling completed: 10-3-06

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>Doug Harper</u>	Latitude: <u>32° 20' 36"</u> Longitude: <u>88° 27' 36"</u>
Mailing Address: <u>542 Panda Ln</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>MAHON MS-39342</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE</u> ¼ <u>SW</u> ¼ Sec <u>22</u> Twn <u>6N</u> Rng <u>18E</u>
Telephone No. <u>601-482-5572</u>	Distance <u>10</u> Miles Direction <u>E</u> of Nearest Town <u>Meridian</u>
	<u>6</u> <u>S</u> <u>Keokuk</u>

WELL # 2

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

Date well drilling started: 11-1-06 Date well drilling completed: 11-3-06

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 11-3-06

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

Hole depth: 320 Well depth: 320 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement _____ Bentonite Mix _____ 4x2 well

Casing length: 246 feet Casing diameter: 4" inches Type of casing: PVC

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

Screen slot size: #010 inches Setting depth: From 300 feet to 320 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: 230 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): _____

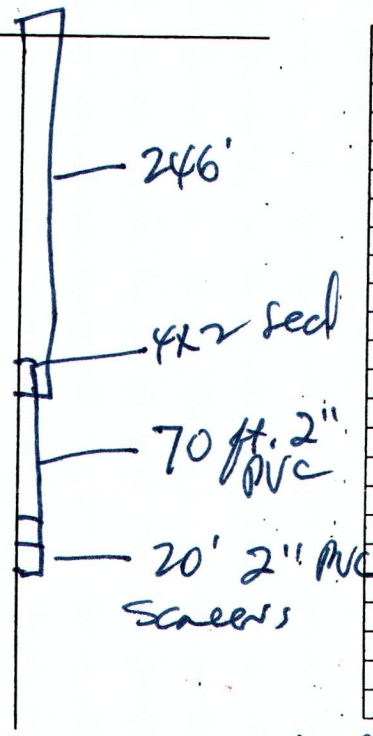
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

McDonnell & Hill, Inc. # 04 Harold Hill
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

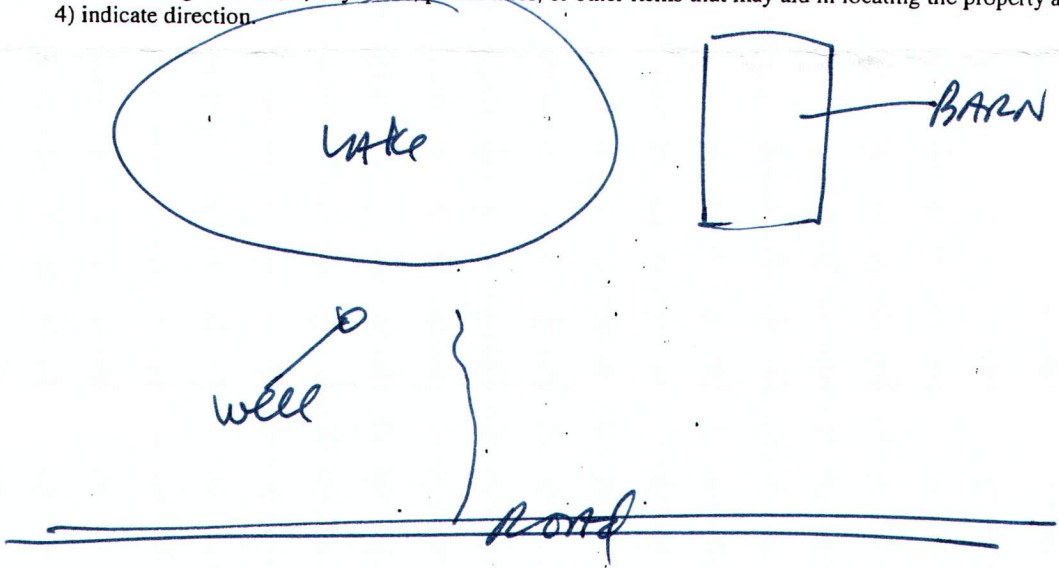
Ground Level



Description of Formations Encountered	From	To
SANDY CLAY	0	30
SHALE	30	90
SANDY SHALE	90	100
Rock	100	101
SANDY SLATE	101	180
SAND	180	220
SHALE	220	246
SLATE	246	260
SAND	260	320

If more than one screen, show location of each on sketch well no. 11 was bad.

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: Doug Harper

Harold Heie
Signature of Water Well Contractor

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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)

County: Latah
 Permit #: _____
 Driller: McDonnell & Hill, Inc.
 Date completed: 11-3-06

For Office Use Only:

Aquifer: _____
 Well #: P-36
 Elevation: _____

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>Doug Harper</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>542 - Prater Dr</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Meridian, MS - 39342</u>	_____ 1/4 _____ 1/4 Sec <u>22</u> Twn <u>6N</u> Rng <u>18E</u>
City State Zip Code	Distance <u>10</u> Miles Direction <u>E</u> Nearest Town <u>Meridian</u>
Telephone No. <u>(601)-482-5572</u>	_____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> Submersible <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>11-3-06</u>	Setting Depth: <u>180</u> feet
Rated Pump Capacity: <u>8</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-3-06</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): <u>string</u>
Pumping Water Level (B): <u>90</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>30</u> Feet Below Land Surface	Well yielded <u>10</u> GPM with a drawdown of <u>30</u> feet after <u>4</u> hours of pumping
Test Pumping Rate: <u>10</u> Gallons Per Minute	
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.

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

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