

County: Lauderdale  
 Permit #: \_\_\_\_\_  
 Driller: McDonald's Hill  
 Date drilling completed: 6-16-09

**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 #: Q23  
 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>William Deavman</u>	Latitude: <u>32° 15' 05"</u> Longitude: <u>88° 49' 53"</u>
Mailing Address: <u>3540 72<sup>nd</sup></u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Meridian</u> MS <u>39307</u>	<u>NE 1/4 NE 1/4</u> Sec <u>25</u> Twn <u>5N</u> Rng <u>14E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (____) _____	_____ Miles _____ of _____

**Well / Borehole Data**

Date drilling started: 6-2-09 Date drilling completed: 6-16-09 Hole depth: 400 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 (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: 6-16-09

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

Well depth: 400 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 290 feet Casing diameter: 4 inches Type of casing: pvc

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

Screen slot size: #.006 inches Setting depth: From 390 feet to 400 feet

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

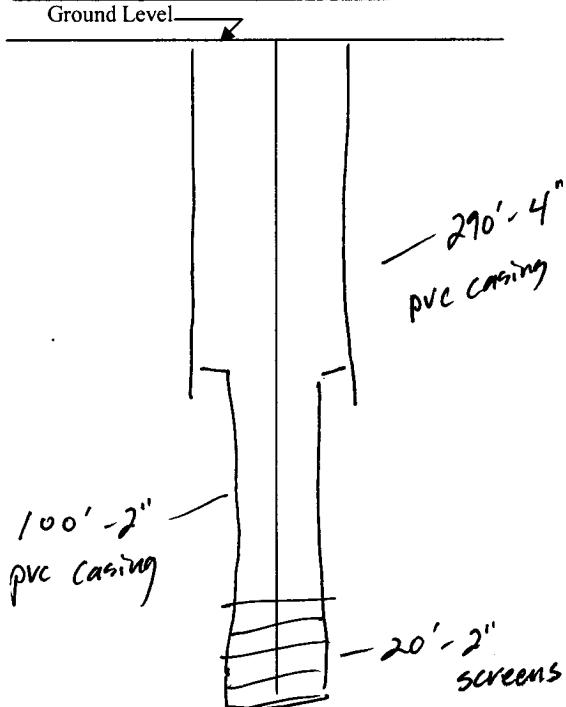
Top of lap pipe or reduction in casing: 280 feet. *If telescoped or more than one screen, describe on next page*

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

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

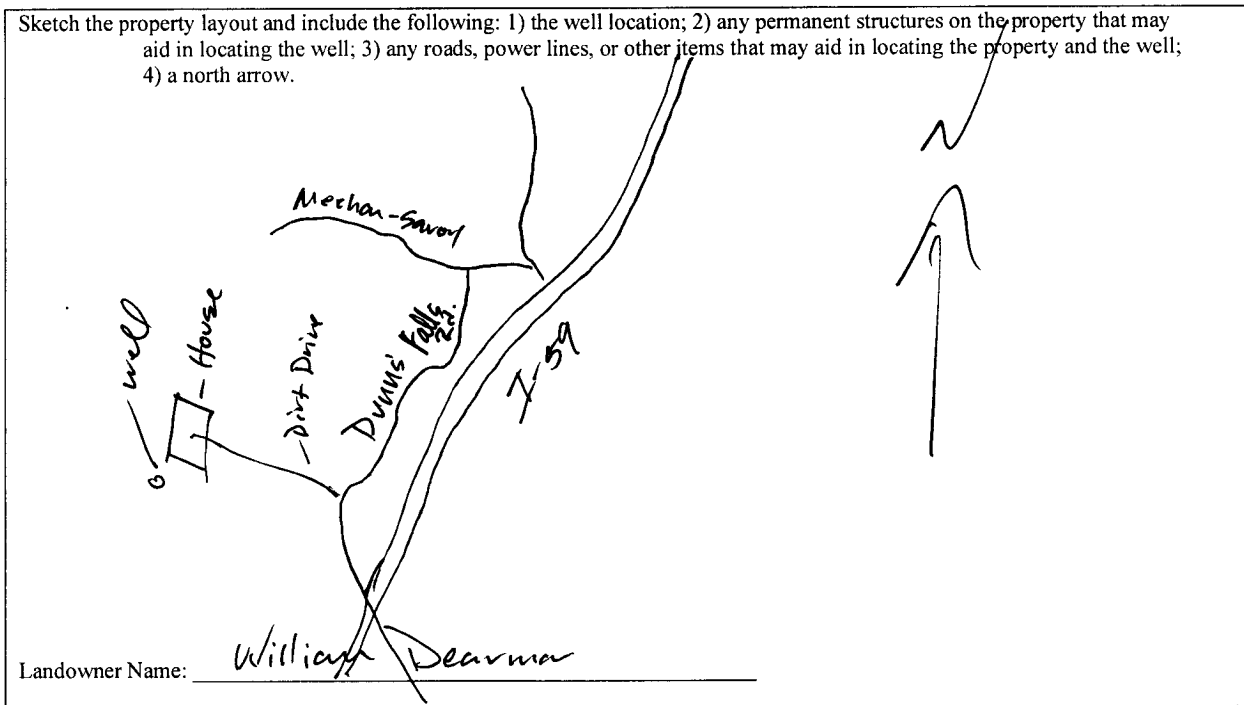


If more than one screen, show location of each on sketch

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)
Red Sand	Ground Level	15
Clay	15	20
Shale	20	40
Shale Rock st.	40	55
Rock	55	57
Shale	57	60
Shale Rock st.	60	80
Shale	80	100
Shale Rock st.	100	180
Shale	180	200
Sandy shale	200	240
Fine sand	240	280
Sandy shale	280	300
shale	300	310
Sandy shale	310	320
shale	320	330
Sandy shale	330	370
sand.	370	410

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.



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 #0-8  
 Print Name of Responsible Licensee and License No.

7-14-09  
 Date

*Harold Hill*  
 Signature of Licensee

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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 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

County: Lauderdale  
 Permit #: \_\_\_\_\_  
 Driller: McDonald & Hill  
 Date completed: 6-29-09  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: Q 23  
 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>William Dearman</u>	Latitude: <del>32° 29'</del> <u>32° 15' 05"</u> Longitude: <u>88° 49' 53"</u>
Mailing Address: <u>3540 33<sup>rd</sup></u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Mandarin MS 39307</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 NE 1/4 Sec 25 T 5N R 14E</u>
Telephone No. (____) _____	Distance _____ Direction <u>36</u> Nearest Town _____
	_____ Miles _____ of _____

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>6-29-09</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>6-29-09</u>	Air Line      Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <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>10</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

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