

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: 10/16/09

For Office Use Only:

Aquifer: R 76
Well #: _____
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>Lavenda Mingledorff</u>	Latitude: <u>32° 15' 5.3"</u> Longitude: <u>88° 48' 36"</u>
Mailing Address: <u>1520 22nd Ave. Heights No. 1</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: <u>Meridian</u> State: <u>MS</u> Zip Code: <u>39301</u>	<u>NW 1/4 NW 1/4</u> Sec <u>19</u> Twn <u>SU</u> Rng <u>15E</u>
Telephone No. () _____	Distance: <u>8</u> Miles Direction: <u>SW</u> of Nearest Town: <u>Meridian</u>

Well / Borehole Data

Date drilling started: 10/14/09 Date drilling completed: 10/16/09 Hole depth: 410 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 1000 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: 190 feet above or below (circle one) land surface Date measured: 10/16/09

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

Well depth: 390 Well grouted to a depth of 10 feet Type of grout (circle one) Bentonite Neat Cement Mix

Casing length: 300 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 70 feet Screen diameter: 2 inches Type of screen: PVC ~~Steel~~ Johnson

Screen slot size: #-008 inches Setting depth: From 370 feet to 390 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: 290 feet. **If telescoped or more than one screen, describe on next page**

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

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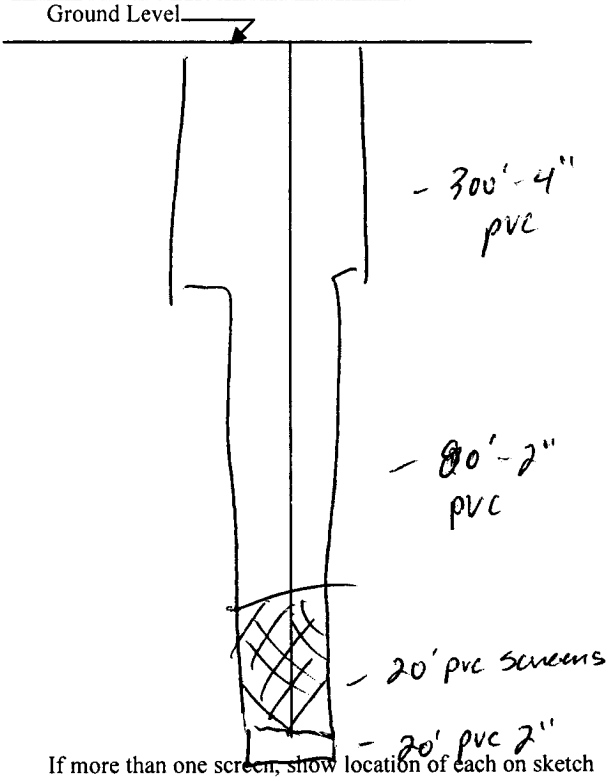
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The sketch below only required for water wells

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

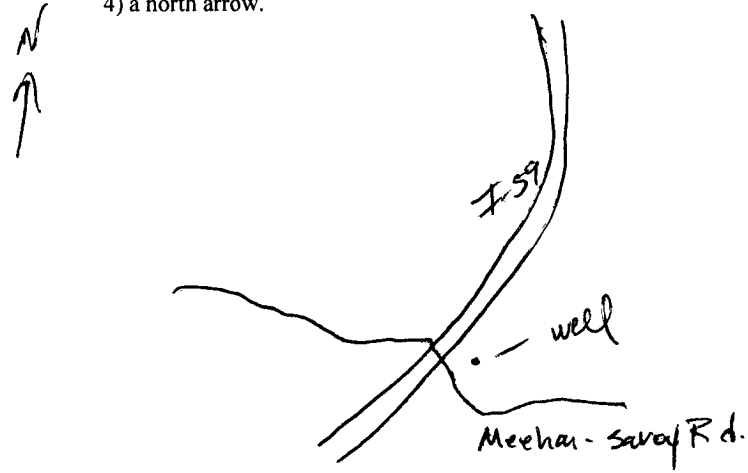
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Red Sand	Ground Level	17
Sand Rak	17	20
Red Sand	20	40
Clay	40	50
shale	50	70
Rock streaks	70	80
Green Sand	80	90
shale	90	94
Rock	94	95
shale	95	110
shale - Rock St.	110	200
sand white	200	215
Sandy shale	215	270
shale	270	305
sandy shale	305	320
shale	320	335
Sand	335	390
Sandy Shale	390	410

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: Laranda Mingledorff

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 11/4/09
 Print Name of Responsible Licensee and License No. Date

[Signature]
 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 Inc
 Date completed: 10/19/09
 Copy information from block on Part 1

For Office Use Only:

Aquifer: R 76
 Well #: _____
 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>Lavender Mingle Dorff</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1520 22nd Av. Heights No. 1</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Meridian</u> MS <u>39301</u> City State Zip Code	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
Telephone No. (____) _____	_____ 1/4 _____ 1/4 Sec <u>19</u> T <u>5N</u> R <u>15E</u>
	Distance _____ Direction _____ Nearest Town _____
	<u>0</u> Miles <u>SW</u> of <u>Meridian</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>10/19/09</u>	Setting Depth: <u>240'</u> feet
Rated Pump Capacity: <u>7</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10/16/09</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>190</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>215</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>25</u> Feet Below Land Surface	Well yielded <u>20</u> GPM with a drawdown of
Test Pumping Rate: <u>10</u> Gallons Per Minute	<u>25</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 #10-8 Harold Hill
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer