

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)

For Office Use Only:

Well #: 561
 Aquifer: _____
 E-Log #: _____

County: Lauderdale
 Permit #: _____
 Driller: McDonald F Hill
 Date drilling completed: 10/3/13

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
Owner Name: <u>Todd Meyer</u>	Latitude: <u>32-18-29</u> Longitude: <u>88-42-28</u>
Mailing Address: <u>3005 Dr. Brock Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Meridian</u> <u>MS</u> <u>39301</u>	<u>S1/4</u> <u>NW</u> <u>1/4</u> , Sec. <u>X</u> T. <u>5N</u> R. <u>15E</u>
City _____ State _____ Zip Code _____	Miles _____ of _____ (Distance) (Direction) (Nearest Town)
Telephone No. (____) _____	

Well / Borehole Data

Date drilling started: 10/1/13 Date drilling completed: 10/3/13 Hole depth: 370 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: 100 feet (above or below) land surface Date measured: 10/3/13
 (circle one)
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____
 Well depth: 370 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 340 feet Casing diameter: 4 inches Type of casing: PVC
 Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC
 Screen slot size: .006 inches Setting depth: From 340 feet to 370 feet
 Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development
 Other (describe): SAND PACKED
 Top of tap pipe or reduction in casing: _____ feet
If telescoped or more than one screen, describe on next page

Form: OLWR-SWR-1A (4/13)

Received 10/31/13

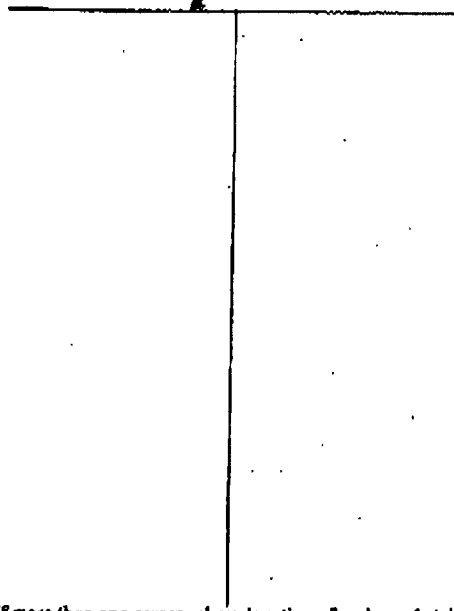
County: _____
 Permit #: _____

For Office Use Only:
 Well #: 561

The sketch below only required for water wells

If well telescopes, show depths on sketch

Ground Level



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)
Clay	Ground level	17
Shale	17	30
Coarse sand	30	40
Sandy shale / lignite st.	40	60
Shale sand st.	60	70
Rock 6"	70	70
Shale sand st.	70	80
sand	80	90
Shale	90	110
sandy shale	110	210
shale	210	270
Sandy shale	270	285
sand # 8	285	295
Shale sand st.	295	310
sand shale st.	310	345
fine sand # 10	345	360
Sandy shale	360	370

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) north arrow

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.

Harold Hill McDonald & Hill Co.
 Print Name of Responsible Licensee and License No.

10/31/13
 Date

[Signature]
 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: 10/4/13
 Copy information from block on Part 1

For Office Use Only:
 Well #: 561
 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>Todd Meade</u>	Latitude: _____ Longitude: _____		Method of Lat/Long (check one): Conventional Survey _____		
Mailing Address: <u>3005 Dr Brak Rd</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____		Miles _____ of _____ (Distance) (Direction) (Nearest Town)		
<u>Mden</u> City	<u>MS</u> State	<u>39301</u> Zip Code	<u>1</u> 1/4, Sec <u>1</u> T <u>5</u> N R <u>15</u> E		
Telephone No. (_____) _____					

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 10/4/13 Rated Pump Capacity: 7 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 HP Setting Depth: 140 feet Number of Stages: _____

Pump Test Data for Non Flowing Well
 Date Well Tested: 10/4/13 Duration of Pump Test (minimum 4 hours): 4 hours
 Static Water Level (A): 100 Feet Below Land Surface Pumping Water Level (B): 120 Feet Below Land Surface
 Drawdown [(B) - (A)]: 20 Feet Below Land Surface Test Pumping Rate: 7 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 7 GPM with a drawdown of 20 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.
Harold Hill / McDonald & Hill #009 10/2/13 Harold Hill
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer