

State Well Report

Part 1 - Driller's Log

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: Lauderdale
Permit #: MS-OLW-110421
Driller: Tim Parks Drilling
Date drilling completed: 8-18-07

For Office Use Only:
Aquifer: _____
Well #: P-30
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>Estate of Lloyd Liebert</u> Mailing Address: <u>4071 Baldwin Road</u> <u>Macon MS 39341</u> City State Zip Code Telephone No. <u>(601) 738-4807</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SW 1/4 NW 1/4 Sec 26 Twn 17N Rng 18E</u> Distance <u>15</u> Miles Direction <u>South</u> of Nearest Town <u>Columbus</u>
Well / Borehole Data	
Date drilling started: <u>7-31-07</u> Date drilling completed: <u>8-18-07</u> Hole depth: <u>750'</u> Hole diameter: <u>6"</u> Location of the source of any surface water used for drilling: <u>Pond</u> Method of dosing and volume of Chlorine used in drilling and development: <u>5% Chlorine Solution mix</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) _____ 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 <input checked="" type="checkbox"/> Other: _____ If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>70</u> feet above or below (circle one) land surface Date measured: <u>8-28-07</u> Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____ Well depth: <u>745</u> Well grouted to a depth of <u>80</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Casing length: <u>665</u> feet Casing diameter: <u>6</u> inches Type of casing: <u>PVC</u> Screen length: <u>80</u> feet Screen diameter: <u>6</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>.020</u> inches Setting depth: From <u>665</u> feet to <u>745</u> feet Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____ Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on next page	

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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: Lauderdale
 Permit #: MS-AW-16421
 Driller: Tim Parks Drilling
 Date completed: 8-18-07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: P-30
 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>Estate of Lloyd Hiebert</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>4071 Baldwin Road</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Macon MS 39341</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 NW 1/4 Sec 26 T 17N R 18E</u>
Telephone No. <u>(601) 738-4807</u>	Distance Direction Nearest Town
	<u>1.5 Miles South of Columbus</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> <input checked="" type="radio"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>25 HP</u>
Date Pump Installed: <u>8-28-07</u>	Setting Depth: <u>180</u> feet
Rated Pump Capacity: <u>300</u> Gallons Per Minute	Number of Stages: <u>6</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-28-07</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>70</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>131</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>61</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>375</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>6</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Tim Parks #0053 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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