

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: Madison
 Permit #: _____
 Driller: Water Well Services
 Date drilling completed: 12-15-12

For Office Use Only:
 Aquifer: S 42
 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) Owner Name: <u>Cedar Hill Club</u> Mailing Address: <u>110 Cedar Hill Lane</u> <u>Flora, Ms 39071</u> City State Zip Code Telephone No. <u>(601) 940-6062</u>		Well or Borehole Location Latitude: <u>32.31.14N</u> Longitude: <u>90.13.51W</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <input checked="" type="checkbox"/> <u>NW 1/4 SW 1/4</u> Sec <u>19</u> Twp <u>8N</u> Rng <u>1E</u> Distance <u>3</u> Miles Direction <u>EAST</u> of Nearest Town <u>Flora</u>	
--	--	---	--

Well / Borehole Data
 Date drilling started: 11-25-12 Date drilling completed: 12-15-12 Hole depth: 800 Hole diameter: 6"
 Location of the source of any surface water used for drilling: water well
 Method of dosing and volume of Chlorine used in drilling and development: _____
 Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): State Loggers - S-0042
 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: 250 feet above or below (circle one) land surface Date measured: 12-28-12
 Method of Measurement (circle one) steel tape electric tape _____ air line _____ other: _____
 Well depth: 800 Well grouted to a depth of 80 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 720' feet Casing diameter: 4" inches Type of casing: PVC
 Screen length: 20 feet Screen diameter: 2" inches Type of screen: Stainless Steel
 Screen slot size: 1/8 inches Setting depth: From 750 feet to 770 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: 650 feet. *If telescoped or more than one screen, describe on next page*

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: Madison
 Permit #: _____
 Driller: Waterwell Services
 Date completed: 12-29-12
 Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: 542
 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>Cedar Hill Club</u>	Latitude: <u>32 37 4N</u> Longitude: <u>90-13-51 W</u>
Mailing Address: <u>110 Cedar Hill Lane</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Flora, MS 39071</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>19 T 8N R 1E</u>
Telephone No. <u>(601) 940-6062</u>	Distance _____ Direction _____ Nearest Town _____
	<u>3</u> Miles <u>East</u> of <u>Flora</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift Jet <input type="checkbox"/> <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>5</u>
Date Pump Installed: <u>12-21-12</u>	Setting Depth: <u>360</u> feet
Rated Pump Capacity: <u>33</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>12-28-12</u>	Circle one
Static Water Level (A): <u>250</u> Feet Below Land Surface	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> Steel Tape
Pumping Water Level (B): <u>300</u> Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: <u>50</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>30</u> Gallons Per Minute	Well yielded <u>30</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u>12</u> hours	<u>50</u> feet after <u>12</u> hours of pumping

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

Arnold Fincher Sr 0598 Arnold Fincher Sr
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer