

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: Newton
Permit #: _____
Driller: McDonald & Hill
Date drilling completed: 8-25-09

For Office Use Only:
Aquifer: _____
Well #: L105
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>Billy Cleveland</u>	Latitude: <u>32° 22' 23"</u> Longitude: <u>89° 02' 42"</u>
Mailing Address: <u>11488 Hwy 503</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Hickory</u> MS <u>39332</u>	<u>NE 1/4 SW 1/4</u> Sec <u>11</u> Twn <u>6N</u> Rng <u>12E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>4</u> Miles <u>NW</u> of <u>Hickory</u>

Well / Borehole Data

Date drilling started: 8-20-09 Date drilling completed: 8-25-09 Hole depth: 320 Hole diameter: 7

Location of the source of any surface water used for drilling: Community water
Method of dosing and volume of Chlorine used in drilling and development: 115 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: 83 feet above or below (circle one) land surface Date measured: 8-25-09

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

Well depth: 320 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 222 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 2 inches Type of screen: pvc sawed

Screen slot size: #.010 inches Setting depth: From 200 feet to 320 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
Other (describe): 2

Top of lap pipe or reduction in casing: 210 feet. *If telescoped or more than one screen, describe on next page*

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

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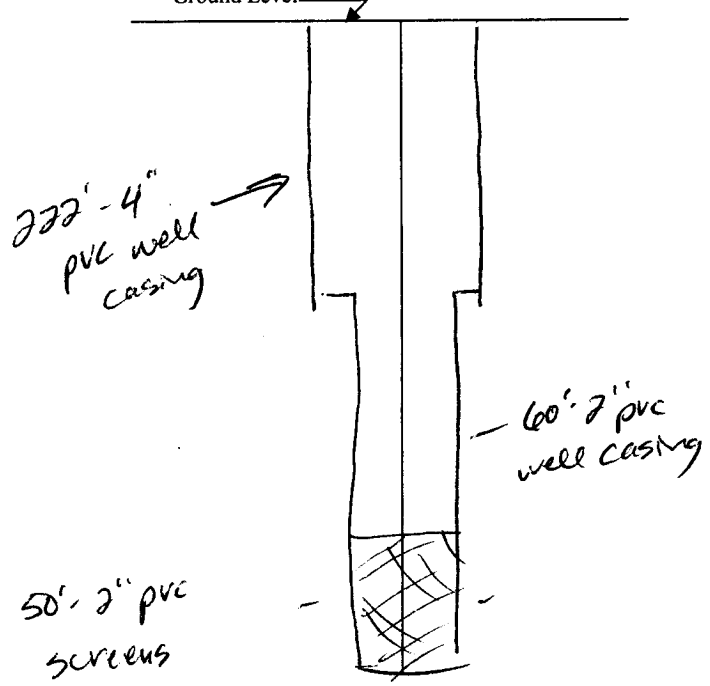
AUG 28 2009

BY: OLWR

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →

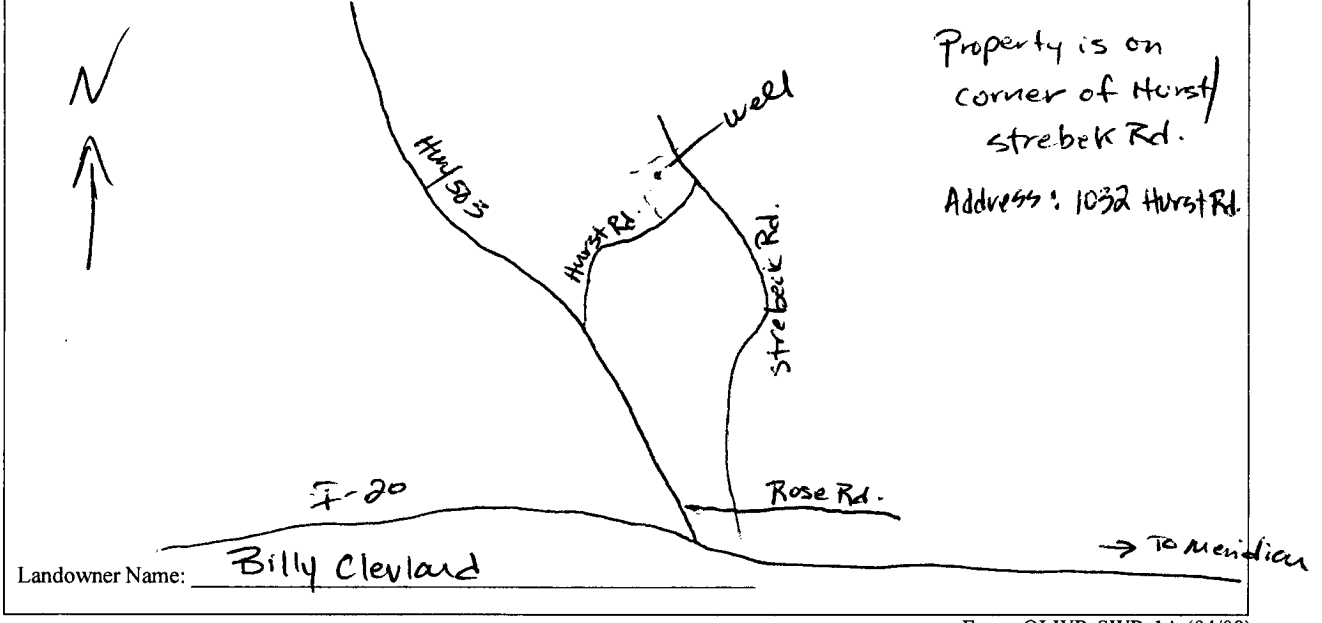


If more than one screen, show location of each on sketch

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)
SAND	Ground Level	4
Clay	4	10
sand	10	15
Clay	15	30
shale	30	50
sandy shale	50	70
shale	70	87
Rock	87	89
shale / Rock st.	90	110
shale	110	120
Sand	120	130
sandy shale / Rockst.	130	150
sandy shale	150	190
shale / Rock st.	190	210
shale	210	220
sandy shale / Rock st.	220	240
sandy shale	240	257
sand	257	270
shale / sand st.	270	275
sand	275	280
sand.	280	320

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.



Property is on corner of Hurst / Strebek Rd.
Address: 1032 Hurst Rd.

Landowner Name: Billy Cleveland

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
Print Name of Responsible Licensee and License No.

8-26-09
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: Newton
 Permit #: _____
 Driller: McDonald's Hill
 Date completed: 9-2-09
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: L105
 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>Billy Cleveland</u>	Latitude: <u>32-22-23</u> Longitude: <u>89-02-42</u>
Mailing Address: <u>11488 Hwy 503</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Hickory MS 39332</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 11 T 6N R 12E</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>4</u> Miles <u>NW</u> of <u>Hickory</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <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 1/2 HP</u>
Date Pump Installed: <u>9-2-09</u>	Setting Depth: <u>180</u> feet
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-2-09</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>83</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>133</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>50</u> Feet Below Land Surface	Well yielded <u>25</u> GPM with a drawdown of
Test Pumping Rate: <u>20</u> Gallons Per Minute	<u>50</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's Hill #0-8 _____
 Print-Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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

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