

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)

For Office Use Only:

Aquifer: _____
Well #: K42
L. S. Elevation: _____
E-log #: _____

County: Warren
Permit #: GW16559
Driller: Donald Smith
Date drilling completed: 4-15-12

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>Hilldale Water District</u>	Latitude: <u>90° 47' 16.2 45" N</u> Longitude: <u>32° 19' 38.5 23" W</u>
Mailing Address: <u>4326 Lee Rd</u>	Method of Lat/Long (circle one): Conventional Survey, <input checked="" type="checkbox"/> Hand-held GPS, <input checked="" type="checkbox"/> Survey-grade GPS
<u>Vicksburg MS 39180</u> City State Zip Code	USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input checked="" type="checkbox"/> Survey-grade GPS
Telephone No. <u>(601) 636-8475</u>	<u>NW 1/4 NE 1/4 Sec 36 Twn 16N Rng 4E</u>
	Distance <u>3</u> Miles Direction <u>SE</u> of Nearest Town <u>Vicksburg</u>

Well / Borehole Data

Date drilling started: _____ Date drilling completed: _____ Hole depth: 2,260 Hole diameter: 17"

Location of the source of any surface water used for drilling: N/A
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): Griner Drilling

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: 220 feet above or below (circle one) land surface Date measured: 4-18-12

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

Well depth: 2020 Well grouted to a depth of 1945 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 1945 feet Casing diameter: 12 inches Type of casing: Steel .375 wall

Screen length: 70 feet Screen diameter: 8 inches Type of screen: 304 SS-wire wrap

Screen slot size: .020 inches Setting depth: From 1950 feet to 2020 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: 1870 feet. **If telescoped or more than one screen, describe on next page**

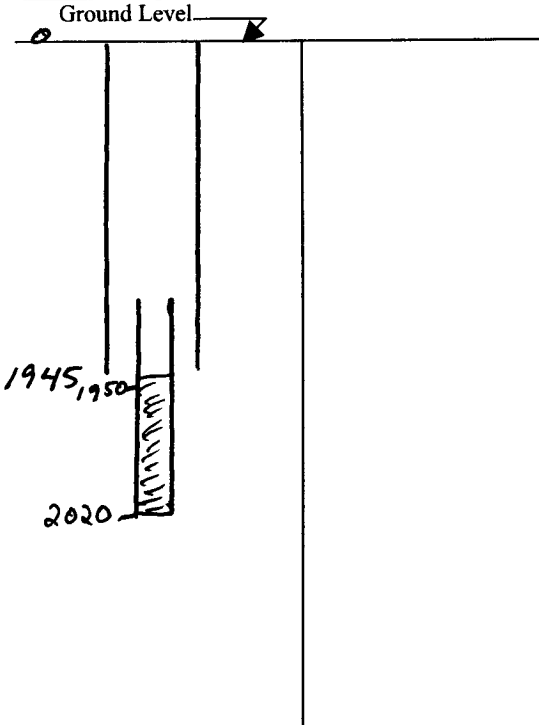
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Form: OLWR-SWR-1A

MAY 07 2012

BY: OLWR

The sketch below only required for water wells

If well telescopes, show depths on sketch.

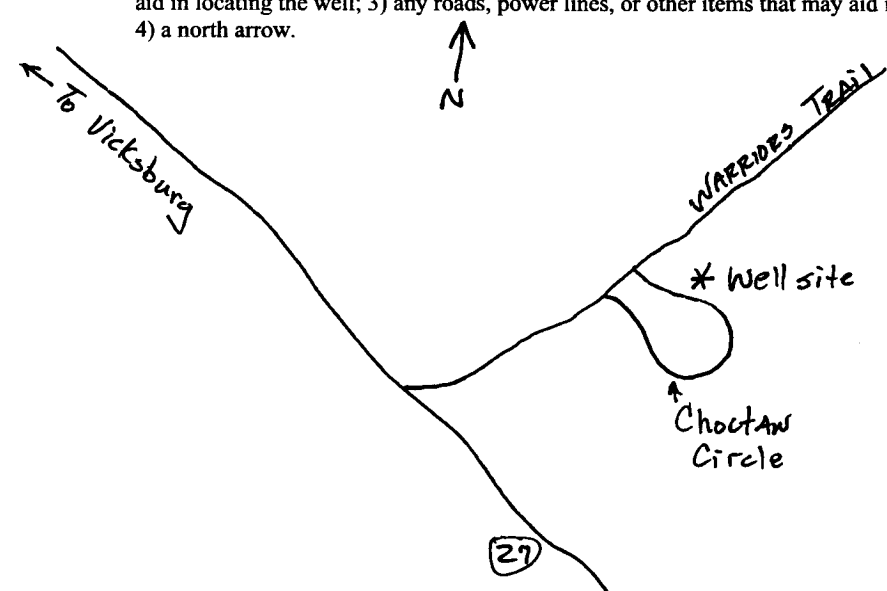


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Fill dirt / clay	0	33
sandy clay / clay streaks	33	425
Clay / argil	425	845
clay / w sand streaks	845	937
Clay	937	1218
sandy clay w/ lignite streaks	1218	1313
sandy / with clay streaks	1313	1531
shale & lignite	1531	1561
clay & sandy clay	1561	1941
Sand.	1941	2025
sandy clay w/ lignite	2025	2240
Clay	2240	2270

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: Hilldale Water District

Form: OLWR-SWR-1A

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.

Ryan Herndon 0-700
Print Name of Responsible Licensee and License No.

4-27-12
Date


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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: K42
 Elevation: _____

County: Warren
 Permit #: GW16559
 Driller: _____
 Date completed: _____
Copy information from block on Part 1

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>Hilldale Water District</u>	Latitude: <u>90°47'26.1"</u> Longitude: <u>32°19'35.5"</u>
Mailing Address: <u>4326 Lee Rd</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Vicksburg</u> MS <u>39180</u> City State Zip Code	<u>NW</u> ¼ <u>NE</u> ¼ Sec <u>36</u> T <u>6N</u> R <u>4E</u>
Telephone No. <u>(601) 636-8475</u>	Distance Direction Nearest Town <u>3</u> Miles <u>SE</u> of <u>Vicksburg</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>75</u>
Date Pump Installed: <u>3-23-12</u>	Setting Depth: <u>300</u> feet
Rated Pump Capacity: <u>700</u> Gallons Per Minute	Number of Stages: <u>7</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-18-12</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>220</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>250</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>30</u> Feet Below Land Surface	Well yielded <u>736</u> GPM with a drawdown of
Test Pumping Rate: <u>736</u> Gallons Per Minute	<u>30</u> feet after <u>2</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>2</u> hours	

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

Ryan Herndon 0-700
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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