

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:

County: CALHOUN
Permit #: MS-GW-16061
Driller: PARKS + PARKS WELL SERVICE, INC
Date drilling completed: 4-28-2006

Aquifer: _____
Well #: L-12
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>TOWN OF VARDAMAN</u>	Latitude: <u>33° 52' 26"</u> Longitude: <u>89° 10' 35"</u>
Mailing Address: <u>P.O. BOX 194</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>VARDAMAN</u> MS <u>38878</u>	<u>1/4</u> <u>1/4</u> Sec <u>10</u> Twn <u>14S</u> Rng <u>1E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	Miles of _____

Well / Borehole Data

Date drilling started: 2-15-2006 Date drilling completed: 4-28-2006 Hole depth: 1725 Hole diameter: 9 7/8

Location of the source of any surface water used for drilling: TOWN OF VARDAMAN

Method of dosing and volume of Chlorine used in drilling and development: 5 ppm

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): MS D

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: 118.00 feet above or below (circle one) land surface Date measured: 5-7-2006

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

Well depth: 1690 Well grouted to a depth of 1625 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 1625 feet Casing diameter: 12 inches Type of casing: STEEL

Screen length: 60 feet Screen diameter: 8 inches Type of screen: STAINLESS STEEL

Screen slot size: .030 inches Setting depth: From 1630 feet to 1690 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: 1575 feet. **If telescoped or more than one screen, describe on next page**

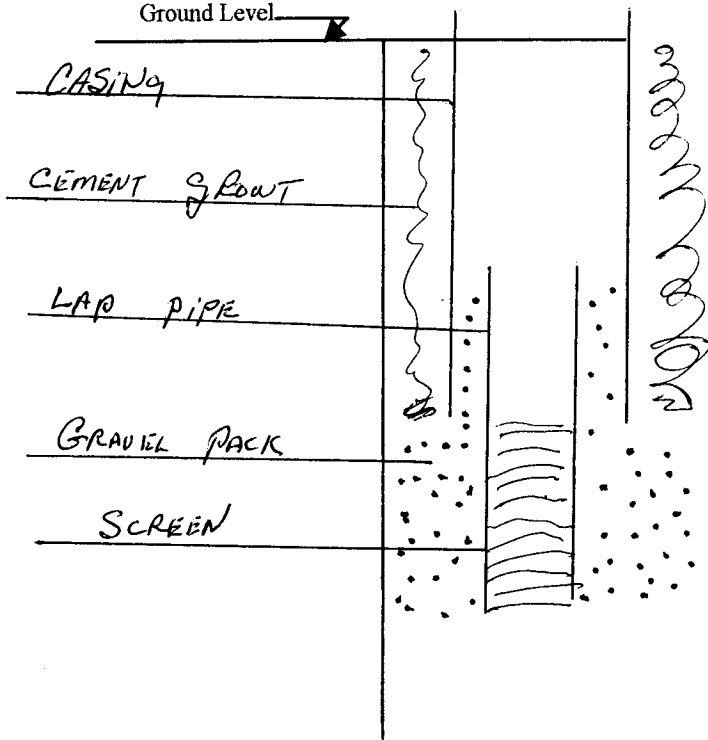
Form: OLWR-SWR-1A

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The sketch below only required for water wells

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

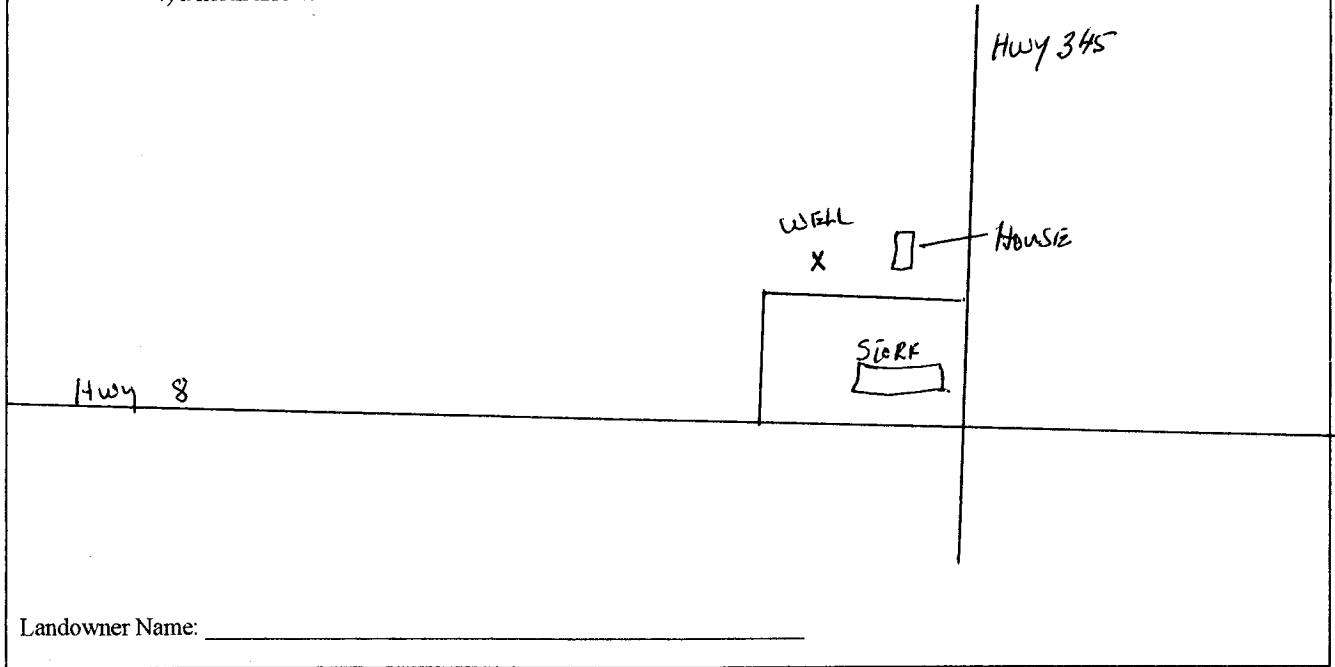
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
RED CLAY	Ground Level	2
SAND	2	25
CLAY	25	315
CLAY + LIGNITE	315	340
CLAY	340	401
CLAY + SHELL	401	410
CLAY + SAND	410	478
CLAY	478	1015
SAND	1015	1020
CLAY	1020	1125
CLAY + SAND	1125	1153
CLAY	1153	1215
SAND	1215	1300
CLAY	1300	1340
SAND	1340	1352
CLAY	1352	1365
SAND	1365	1420
CLAY	1420	1484
SAND	1484	1575
CLAY	1575	1609
SAND + GRAVEL	1609	1715
CLAY	1715	1725

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: _____

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.

Rayburn Parks 0414 5/22/06
 Print Name of Responsible Licensee and License No. Date

Rayburn Parks
 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)

County: CALHOUN
 Permit #: _____
 Driller: PARKS + PARKS WELL SERVICE INC
 Date completed: 1/17/07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: L-12
 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>TOWN OF VARDAMAN</u>	Latitude: <u>33 52 26N</u> Longitude: <u>89 10 35W</u>
Mailing Address: <u>P.O. Box 194</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>WARDAMAN</u> MS <u>38878</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>10</u> T <u>14S</u> R <u>11E</u>
Telephone No. (____) _____	Distance Direction Nearest Town
	_____ Miles _____ of _____

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>50</u>
Date Pump Installed: <u>-18-200</u>	Setting Depth: <u>190</u> feet
Rated Pump Capacity: <u>500</u> Gallons Per Minute	Number of Stages: <u>4</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-17-2007</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>120.00</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>137.05</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>17.05</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____
Test Pumping Rate: <u>503</u> Gallons Per Minute	_____ feet after _____ 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.

Rayburn Parks 0-414 Rayburn Parks
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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