

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: Chickasaw
Permit #: GW-16395
Driller: Parks & Parks
Date drilling completed: 11/21/07

For Office Use Only:
Aquifer: _____
Well #: B-115
L. S. Elevation: 374'
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 Houka</u>	Latitude: <u>34° 02' 26"</u> Longitude: <u>89° 01' 20"</u>
Mailing Address: <u>P.O. Box 416</u> <u>201 Walker St</u> <u>Houka MS 38850</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, <u>SW</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>NE</u> ¼ <u>NE</u> ¼ Sec <u>18</u> Twn <u>12S</u> Rng <u>3E</u>
Telephone No. () _____	Distance Direction Nearest Town <u>0</u> Miles <u>North</u> of <u>Houka</u>

Well / Borehole Data

Date drilling started: 8/20/07 Date drilling completed: 11/21/07 Hole depth: 1220 Hole diameter: 14 3/4

Location of the source of any surface water used for drilling: _____
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): STATE

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: 236 feet above or below (circle one) land surface Date measured: 12/11/07

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

Well depth: 1105 Well grouted to a depth of 1000 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 1000 feet Casing diameter: 10 inches Type of casing: Steel

Screen length: 100 feet Screen diameter: 6 inches Type of screen: Stainless Steel

Screen slot size: .016 inches Setting depth: From 1005 feet to 1105 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: 945 feet. *If telescoped or more than one screen, describe on next page.*

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BY: OLWR

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 #: B-115
 Elevation: _____

County: Chickasaw
 Permit #: _____
 Driller: Parks & Parks
 Date completed: 11/21/07
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>Town of Houka</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 416</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>201 Walker St</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Houka MS 38850</u>	<u>NE 1/4 NE 1/4 Sec 18 T 12S R 3E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (____) _____	<u>0</u> Miles <u>N</u> of <u>Houka</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>50</u>
Date Pump Installed: <u>4/25/08</u>	Setting Depth: <u>360</u> feet
Rated Pump Capacity: <u>300</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5/13/08</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>236.50</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>317</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>80</u> Feet Below Land Surface	Well yielded <u>3.75</u> GPM with a drawdown of
Test Pumping Rate: <u>300</u> Gallons Per Minute	<u>80</u> feet after <u>8</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>8</u> hours	

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

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

Form: OLWR-SWR-1B
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