

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 #: _____
 Driller: PARKS + PARKS WELL SERVICE INC.
 Date drilling completed: 2-3-2006

For Office Use Only:

Aquifer: _____
 Well #: M-110
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>STEVEN FARMER</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1430 COUNTRYWOOD CV</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>TUPELO</u> MS <u>38801</u> City State Zip Code	<u>SW 1/4 SW 1/4 Sec 5 Twn 14S Rng 5E</u>
Telephone No. <u>(662) 844-6620</u>	Distance Direction Nearest Town <u>9</u> Miles <u>SSW</u> of <u>OKOLONA</u>

Well / Borehole Data

Date drilling started: 1-23 Date drilling completed: 2-3 Hole depth: 540 Hole diameter: 7 1/8

Location of the source of any surface water used for drilling: SOUTH EAST CHICKASAW WATER ASSN
 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): _____

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: 124 feet above or below (circle one) land surface Date measured: 2-3-2006

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

Well depth: 528 Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 488 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .012 inches Setting depth: From 488 feet to 528 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: _____ feet. ***If telescoped or more than one screen, describe on next page***

Form: OLWR-SWR-1A

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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)

County: CHICKASAW
 Permit #: _____
 Driller: PARKS + PARKS WELL SERVICE
 Date completed: 2-3-2006
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: M-110
 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>STEVEN FARMER</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1430 COUNTRYWOOD CV</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Tupelo</u> <u>MS</u> <u>38801</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 SW 1/4 Sec 5 T 14 S R 5 E</u>
Telephone No. <u>(662) 844-6620</u>	Distance Direction Nearest Town
	<u>9 Miles SSW of OKOLONA</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>2-3-2006</u>	Setting Depth: <u>189</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>124</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>138</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>14</u> Feet Below Land Surface	Well yielded <u>15</u> GPM with a drawdown of
Test Pumping Rate: <u>15</u> Gallons Per Minute	<u>17</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.

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

Form: OLWR-SWR-1B
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