

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2307
Jackson, MS 39225
(601)961- 5210
(601)961- 5228 (fax)

County: Choctaw
Permit #: MS-GW-16721
Driller: Parks & Parks
Date drilling completed: Aug 18, 2010

For Office Use Only:
Aquifer: _____
Well #: F27
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>SIMPSON WATER ASSN.</u>	Latitude: <u>33° 18' 25N</u> Longitude: <u>89° 20' 26W</u>
Mailing Address: <u>188 Greenhill loop</u> <u>Weir, MS 39772</u>	Method of Lat/Long (circle one): Conventional Survey, <u>USGS quad</u> Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NE 1/4 SW 1/4</u> Sec. <u>27</u> Twn <u>17N</u> Rng <u>9E</u>
Telephone No. () _____	Distance _____ Miles Direction <u>EAST</u> of Nearest Town <u>FRENCH CAMP</u>

Well / Borehole Data

Date drilling started: 8/18/10 Date drilling completed: 10/21/10 Hole depth: 735 Hole diameter: 12x8

Location of the source of any surface water used for drilling: _____
Method of dosing and volume of Chlorine used in drilling and development: SPPM

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): SIFAC

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: 254 feet above or below (circle one) land surface Date measured: 10/20/10

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

Well depth: 735 Well grouted to a depth of 690 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 690 feet Casing diameter: 12 inches Type of casing: Steel

Screen length: 40 feet Screen diameter: 8 inches Type of screen: Stainless Steel

Screen slot size: _____ inches Setting depth: From 695 feet to 735 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: 635 feet. *If telescoped or more than one screen, describe on next page*

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

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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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: CHOCTAW
 Permit #: _____
 Driller: PAKES & PAKES
 Date completed: 8/18/2010
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: F27
 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>SIMPSON WATER ASSN.</u>	Latitude: <u>33 18 25N</u> Longitude: <u>89 20 26W</u>
Mailing Address: <u>188 Greenhill loop</u> <u>Weir, MS 39772</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad <input checked="" type="checkbox"/> Hand-held GPS _____ Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec <u>27 T 17N R 9E</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. (____) _____	<u>4</u> Miles <u>EAST</u> of <u>French Camp</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>11/15/10</u>	Setting Depth: <u>460</u> feet
Rated Pump Capacity: <u>300</u> Gallons Per Minute	Number of Stages: <u>13</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10/20/10</u>	Air Line _____ <u>Electric Measuring Line</u> _____ Steel Tape _____
Static Water Level (A): <u>254</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>356</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>112</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>201</u> Gallons Per Minute	
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 0414 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-506 (Rev. 11/05) **RECEIVED**

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