

# 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: CLAY  
Permit #: \_\_\_\_\_  
Driller: PARKS + PARKS WELL SERVICE INC  
Date drilling completed: 1-25-2006

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: G-625  
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<br><i>(Landowner if borehole is not for a water well)</i> | Well or Borehole Location   |
|---|---|
| Owner Name: <u>ROY SHANNON</u>  | Latitude: _____ Longitude: _____  |
| Mailing Address: <u>1611 SWEETMAN ST.</u>   | Method of Lat/Long (circle one): Conventional Survey, _____               |
| <u>BILOXI</u> MS <u>39530</u>   | USGS quad, Hand-held GPS, Survey-grade GPS                                |
| City State Zip Code   | _____ 1/4 _____ 1/4 Sec <u>12</u> Twn <u>17S</u> Rng <u>15E</u> <b>SE</b> |
| Telephone No. (____) _____  | Distance Direction Nearest Town   |
|   | <u>5</u> Miles <u>WEST</u> of <u>WEST POINT</u>                           |

**Well / Borehole Data**

Date drilling started: 1-21-2006 Date drilling completed: 1-25-2006 Hole depth: 498 Hole diameter: 8

Location of the source of any surface water used for drilling: SILOAM WATER ASSOCI.

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: 119 feet above or below (circle one) land surface Date measured: 1-25-2006

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

Well depth: 470 Well grouted to a depth of 50 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 420 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .012 inches Setting depth: From 420 feet to 470 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

RECEIVED

FEB 13 2006

BY: OLWR

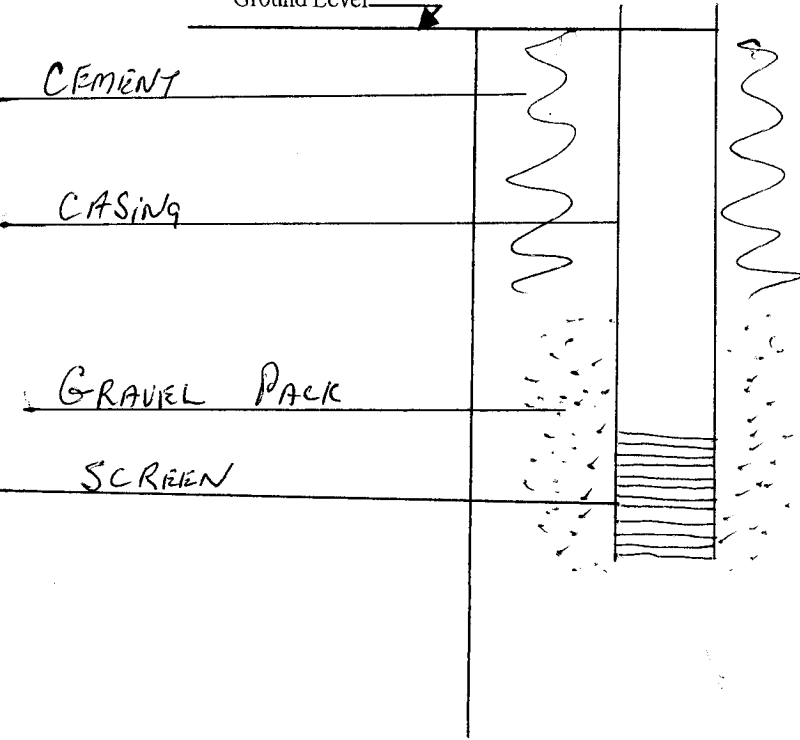
The sketch below only required for water wells

G-65

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

If well telescopes, show depths on sketch.

Ground Level →



| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| TOP SOIL                              | Ground Level | 3          |
| SAND ROCK                             | 3            | 44         |
| CLAY                                  | 44           | 176        |
| SAND CLAY                             | 176          | 190        |
| CLAY                                  | 190          | 398        |
| SAND ROCK                             | 398          | 410        |
| SAND                                  | 410          | 478        |
| CLAY                                  | 478          | 498        |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |
|                                       |              |            |

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: Roy SHANNON

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 0-414 2/9/06  
 Print Name of Responsible Licensee and License No.      Date

Rayburn Parks  
 Signature of Licensee

**RECEIVED**  
 FEB 13 2006  
 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: CLAY  
 Permit #: \_\_\_\_\_  
 Driller: PARKS & PARKS WELL SERVICE INC  
 Date completed: 1-25-2006  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: G-65  
 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>ROY SHANNON</u>                              | Latitude: _____ Longitude: _____                             |
| Mailing Address: <u>1611 SWIETMAN ST</u>                    | Method of Lat/Long (check one): Conventional Survey _____    |
| <u>Biloxi</u> <u>MS</u> <u>39530</u><br>City State Zip Code | USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| Telephone No. (____) _____                                  | _____ 1/4 _____ 1/4 Sec <u>12</u> T <u>17S</u> R <u>5E</u>   |
|   | Distance _____ Direction _____ Nearest Town _____            |
|   | _____ Miles _____ of _____                                   |

| Pump Type<br>Circle one                          | Power Type<br>Circle one                            |
|--|---|
| Air Lift      Jet <u>Submersible</u>             | Diesel Engine      Gasoline Engine      Natural Gas |
| Bucket      Piston      Turbine                  | <u>Electric Motor</u> Hand      Tractor PTO         |
| Centrifugal      Rotary      Flowing Well        | Windmill      Other (specify): _____                |
| Other (specify): _____                           | Horse Power Rating of Motor: <u>3/4</u>             |
| Date Pump Installed: <u>1-25-2006</u>            | Setting Depth: <u>168</u> feet                      |
| Rated Pump Capacity: <u>7</u> Gallons Per Minute | Number of Stages: <u>15</u>                         |

| Pump Test Data  | Method of Measuring Water Level<br>Circle one       |
|---|---|
| Date Well Tested: _____                                     | Air Line <u>Electric Measuring Line</u> Steel Tape  |
| Static Water Level (A): <u>119</u> Feet Below Land Surface  | Other (specify): _____                              |
| Pumping Water Level (B): <u>126</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>7</u> Feet Below Land Surface      | Well yielded <u>7</u> GPM with a drawdown of _____  |
| Test Pumping Rate: <u>7</u> Gallons Per Minute              | <u>7</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      Rayburn Parks  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

**RECEIVED**

FEB 13 2006  
 BY: OLWR