

### 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:

Aquifer: \_\_\_\_\_  
Well #: K-80  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Cochise  
Permit #: 6W 40058  
Driller: Joel Jensen  
Date drilling completed: 4/22/06

*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.*

<p><b>Information on Well Owner</b> (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Richard Parsi</u></p> <p>Mailing Address: <u>PO Box 537</u></p> <p><u>Clarksdale</u> <u>MS</u> <u>38614</u> City State Zip Code</p> <p>Telephone No. ( ) _____</p>		<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>34° 10' 07"</u> Longitude: <u>90° 30' 72"</u> <u>09</u> <u>43</u></p> <p>Method of Lat/Long (circle one): Conventional Survey, _____</p> <p>USGS quad. <u>(Hand-held GPS)</u> Survey-grade GPS _____</p> <p>1/4 Sec. <u>33</u> Twn <u>27N</u> Rng <u>3W</u></p> <p>Distance _____ Direction _____ Nearest Town _____ Miles of _____</p>
<p><b>Well / Borehole Data</b></p> <p>Date drilling started: <u>4/22</u> Date drilling completed: <u>4/22</u> Hole depth: <u>120</u> Hole diameter: <u>18"</u></p> <p>Location of the source of any surface water used for drilling: <u>Supply Well</u></p> <p>Method of dosing and volume of Chlorine used in drilling and development: _____</p> <p>Logs run (circle all applicable): <u>(No log run)</u> Electric Gamma Ray Density Sonic Neutron Other: _____</p> <p>Name of organization running log(s): _____</p> <p>Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____</p> <p>Seismic Survey _____ Other (describe) _____</p> <p><i>If drilling is not related to water well construction, skip the remainder of this block</i></p> <p>Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> Fish Culture _____ Other: _____</p> <p>If a flowing well, method of flow regulation: Valve _____ Other (describe) _____</p> <p>Static Water Level: <u>20</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>4-25-06</u></p> <p>Method of Measurement (circle one) <u>(steel tape)</u> electric tape air line other: _____</p> <p>Well depth: <u>120</u> Well grouted to a depth of <u>120</u> feet Type of grout (circle one): Neat Cement Bentonite Mix</p> <p>Casing length: <u>80</u> feet Casing diameter: <u>12</u> inches Type of casing: <u>PVC</u></p> <p>Screen length: <u>40</u> feet Screen diameter: <u>12</u> inches Type of screen: <u>PVC</u></p> <p>Screen slot size: <u>.050</u> inches Setting depth: From <u>80</u> feet to <u>120</u> feet</p> <p>Type of completion (circle all applicable): <u>(Gravel packed)</u> Underrammed Telescoped Open hole Natural Development</p> <p>Other (describe): _____</p> <p>Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i></p>		

Form: OLWR-SWR-1A

RECEIVED  
MAY 24 2006  
BY: OLWR

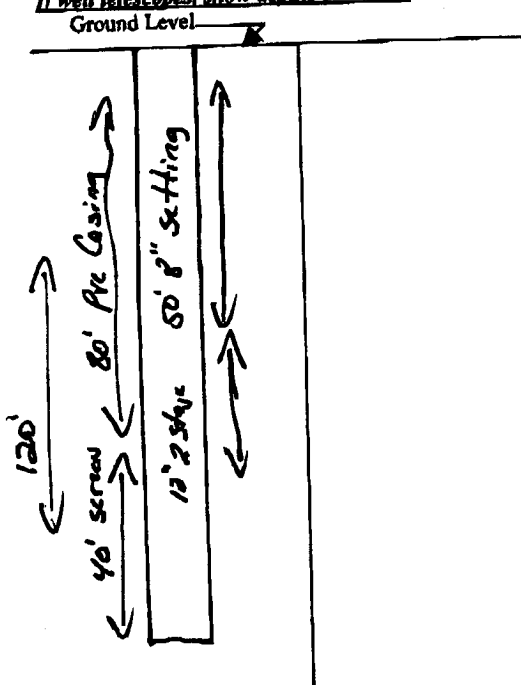
K-80

GW 41058  
 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

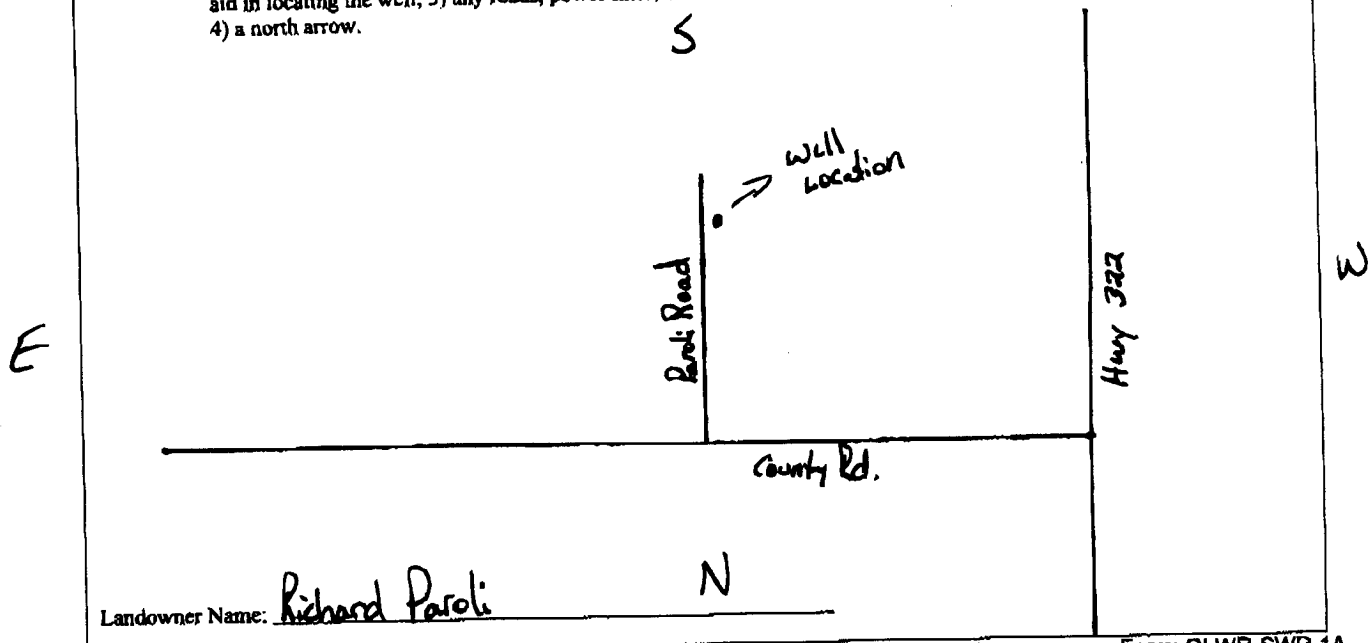
If well telescopes, show depths on sketch

Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	Ground Level
Clay	0	60
Fine Sand	60	65
Coarse Sand	65	120



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.



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.

Landowner Name: Richard Paroli

Print Name of Responsible Licensee and License No. Joel Jumper 0368 Date 5-1-06

Signature of Licensee Joel Jumper

Form: OLWR-SWR-1A

RECEIVED  
 MAY 24 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: \_\_\_\_\_  
 Permit # 01041058  
 Driller: \_\_\_\_\_  
 Date completed: \_\_\_\_\_  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: K-80  
 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>Richard Paroli</u>	Latitude: <u>34 10 07.7</u>	Longitude: <u>90 30 72.8</u>	
Mailing Address: <u>P.O. Box 537</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____		
<u>Clarksdale Ms. 38614</u>	_____ 1/4 _____ 1/4 Sec <u>33</u> T <u>22</u> R <u>3</u>		
City State Zip Code	Distance _____ Miles	Direction _____	Nearest Town _____
Telephone No. ( ) _____	_____ of _____		

Pump Type Circle one			Power Type Circle one		
Air Lift	Jet	Submersible	<u>Diesel Engine</u>	Gasoline Engine	Natural Gas
Bucket	Piston	<u>Turbine</u>	Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>60</u>		
Date Pump Installed: <u>4/25/00</u>			Setting Depth: <u>60</u> feet		
Rated Pump Capacity: <u>2500</u> Gallons Per Minute			Number of Stages: <u>2</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: <u>4/25/00</u>	Air Line	Electric Measuring Line	<u>Steel Tape</u>
Static Water Level (A): <u>15'</u> Feet Below Land Surface	Other (specify): _____		
Pumping Water Level (B): <u>28'</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet		
Drawdown [(B) - (A)]: <u>13</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping		
Test Pumping Rate: <u>2200</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.

Joel Jumper 0368  
 Print Name of Pump Installer and License No. (if applicable)

Joel Jumper  
 Signature of Pump Installer

Form: OLWR-SWR-1B

RECEIVED

MAY 24 2006

BY: OLWR

County: Coahoma  
 Permit #: \_\_\_\_\_  
 Driller: \_\_\_\_\_  
 Date drilling completed: \_\_\_\_\_

**State Well Report**  
**Part I - 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:*  
 Aquifer: \_\_\_\_\_  
 Well #: K-80  
 L.S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

*State Law requires that this report be prepared by the licensee 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>Richard Paroli</u>		Latitude: <u>34° 10' 07.1"</u> Longitude: <u>90° 30' 72.8"</u>	
Mailing Address: <u>PO Box 537</u>		Method of Lat/Long (circle one): Conventional Survey,	
<u>Clarksdale</u> <u>Ms</u> <u>38614</u> City State Zip Code		USGS quad, <u>Hand-held GPS</u> Survey-grade GPS	
Telephone No. ( ) _____		1/4 1/4 Sec <u>33</u> Twp <u>27N</u> Rng <u>3W</u>	
		Distance Direction Nearest Town Miles of _____	

**Well / Borehole Data**

Date drilling started: 4/22 Date drilling completed: 4/22 Hole depth: 120 Hole diameter: \_\_\_\_\_

Location of the source of any surface water used for drilling: Supply Well

Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

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 \_\_\_\_\_  
 Scientific 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: 20 feet above or below (circle one) land surface Date measured: 4.25.06

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

Well depth: 120 Well grouted to a depth of 120 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 12 inches Type of casing: PK

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PK

Screen slot size: .050 inches Setting depth: From 80 feet to 120 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
 Other (describe): \_\_\_\_\_

Top of lap pipe or reduction to casing: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

**RECEIVED**  
 MAY 24 2006  
 JOINT WATER  
 MANAGEMENT DISTRICT

41058