

County: Desoto
 Permit #: GW-16573
 Driller: Parks & Parks
 Date drilling completed: 8/20/09

State Well Report
Part I - 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)

For Office Use Only:
 Aquifer: _____
 Well #: H216
 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>Lewisburg Water Assn</u>	Latitude: <u>34° 54' 03"</u> Longitude: <u>89° 49' 50"</u>
Mailing Address: <u>P.O. Box 1309</u> <u>Olive Branch 38654</u> <u>MS</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NE 1/4 NE 1/4 Sec 21 Twn 2S Rng 6W</u>
Telephone No. (<u>662</u>) <u>895-6022</u>	Distance: <u>3</u> Miles Direction: <u>SE</u> of Nearest Town: <u>Olive Branch</u>

Well / Borehole Data

Date drilling started: 6/28/09 Date drilling completed: 8/20/09 Hole depth: 340 Hole diameter: 16x10

Location of the source of any surface water used for drilling: _____
 Method of dosing and volume of Chlorine used in drilling and development: 5PPM

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

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: 86.80 feet above or below (circle one) land surface Date measured: 9/21/09

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

Well depth: 340 Well grouted to a depth of 245 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 245 feet Casing diameter: 16 inches Type of casing: Steel

Screen length: 80 feet Screen diameter: 10 inches Type of screen: Stainless Steel

Screen slot size: .020 inches Setting depth: From 260 feet to 340 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: 200 feet. *If telescoped or more than one screen, describe on next page*

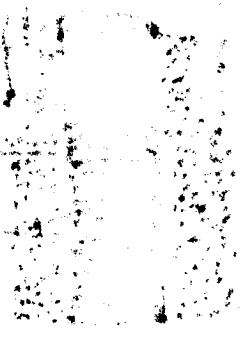
Form: OLWR-SWR-1A (04/08)

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 BY: OLWR

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Handwritten notes in the top right corner, including the word "Lecture" and other illegible scribbles.

Handwritten notes in the middle right section, including the word "Lecture" and other illegible scribbles.



Handwritten signature or initials in the bottom left corner.

Handwritten notes in the bottom right corner, including the word "Lecture" and other illegible scribbles.

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: Desota
 Permit #: _____
 Driller: Parks & Parks
 Date completed: 8/20/09
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: H-216
 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>Louisburg Water Assn</u>	Latitude: <u>34.5403</u> Longitude: <u>89.49.50</u>
Mailing Address: <u>P.O. Box 1309</u> <u>Olive Branch, MS 38664</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec <u>21</u> T <u>2S</u> R <u>6W</u>
Telephone No. (662) <u>895-6022</u>	Distance _____ Direction _____ Nearest Town _____ <u>3</u> Miles <u>SE</u> of <u>Olive Branch</u>

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ Submersible _____	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket _____ Piston _____ Turbine _____	Electric Motor _____ Hand _____ Tractor PTO _____
Centrifugal _____ Rotary _____ Flowing Well _____	Windmill _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>75</u>
Date Pump Installed: <u>10/22/09</u>	Setting Depth: <u>190</u> feet
Rated Pump Capacity: <u>1,000</u> Gallons Per Minute	Number of Stages: <u>5</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9/21/09</u>	Air Line _____ Electric Measuring Line _____ Steel Tape _____
Static Water Level (A): <u>86.80</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>162.05</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>75.25</u> Feet Below Land Surface	Well yielded <u>1007</u> GPM with a drawdown of _____
Test Pumping Rate: <u>1007</u> Gallons Per Minute	<u>75</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 (04/06)

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