	State Well Report	
County: DESOTO	Part 1 – Driller's Log	For Office Use Only:
	Mississippi Department of Environmental Quality	Aquifer:
Permit #:	Office of Land and Water Resources	Well #: M-/6:
Driller: PARKS + PARKS WELL SERVE	P.O. Box 10631	Well #
	Jackson, IVIS 39209-0031	L. S. Elevation:
Date drilling completed: 1/77-2005		
	(601)354-6938 (fax)	E-log #:
State Law requires that this repor	t be prepared by the license holder responsible for t	the work and filed with the

the Department at the above address within 30 days of completion of drilling of the well or borehole. Well or Borehole Location Information on Well Owner (Landowner if borehole is not for a water well) Latitude: 34 ° 57 '36 P' Longitude: 89 ° 44 '30 W' Owner Name LEWISBURG WATER ASSN. INC Method of Lat/Long (circle one): Conventional Survey, Mailing Address: P.O. Roy 1309 USGS quad, Hand-held GPS, Survey-grade GPS

/4 /4 Sec 4 Twn 3 S Rng 5 W OLIVE BRANCH MS 38654
City State Zip Code Distance Direction Nearest Town

3 Miles WEST of SYMALIA

Telephone No. (662) 895-6022 Well / Borehole Data Date drilling started: 9-52005 Date drilling completed: 11-17-2005Hole depth: 420 Hole diameter: 7 78 Location of the source of any surface water used for drilling: LEWISBURG 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 \(\sumstring \text{Trrigation} \)_ Fish Culture ___ Other: ____ If a flowing well, method of flow regulation: Valve _____ Other (describe) ____ Static Water Level: 1/3 feet above or below (circle one) land surface Date measured: 1/-29-2005 Method of Measurement (circle one) steel tape electric tape air line other: Well depth: 420 Well grouted to a depth of 353 feet Type of grout (circle one): Neat Cement Bentonite Mix Casing length: 355 feet Casing diameter: / Z inches Type of casing: STIEL Screen length: 60 feet Screen diameter: 8 inches Type of screen: STAINLESC STIELL Screen slot size: . 025 inches Setting depth: From 360 feet to 420 feet Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development Other (describe): 300 feet. If telescoped or more than one screen, describe on next page

Top of lap pipe or reduction in casing:

Form: OLWR-SWR-1A

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• ;			elow only requ				<u>Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulation</u>			
•		Ground L	opes, show der evel	oths on si	ketch.	ĺ	Description of F	Formations Encountered	From (depth)	To (depth)
			<u>-</u>	1 -		- _,	SAND		Ground Level	420
		CEMENT	GROWT	Menon		M				
	<u>C ASi</u>	Ng		Monday		monmon				
	LAP	Pipi		AN COM						
GR	LAUEL	PACK		, v.						
_5	CREB	N		1,6						
				Ψ,		F				
		If more tha	n one screen, s	how loca	ntion of each	on sketch			<u> </u>	
	S	aid	erty layout and I in locating th a north arrow.	include e well, 3	the following) any roads, p	(: 1) the well lo sower lines, or	ocation; 2) any per other items that m	manent structures on the nay aid in locating the pro	property that may perty and the well;	

Sketch the property layout and include the following: 1) the well location; 2) any aid in locating the well; 3) any roads, power lines, or other items the distribution of the property layout and include the following: 1) the well location; 2) any roads, power lines, or other items the distribution of the property layout and include the following: 1) the well location; 2) any aid in location; 3) any roads, power lines, or other items the distribution of the property layout and include the following: 1) the well location; 2) any roads, power lines, or other items the distribution of the property layout and include the following: 1) the well location; 2) any roads, power lines, or other items the distribution of the property layout and include the following: 1) and	y permanent structures on the property that may hat may aid in locating the property and the well;
BYHALIA RD	TO BYWALIA
	wan
Houste	POWER HING
Landowner Name:	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

Print Name of Responsible Licensee and License No.

Signature of Licensee

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STATE WELL REPORT

DESOTO County: _ Permit #: Date completed:

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

For Office Use Only:		
Aquifer:		
Well#: M-163		
Elevation:		

Copy information from block on Part 1		64-6938 (fax)	Elevation:	
This part of the report must be completed report must be attached and both parts file	by a licensed water well ed with the Department o	contractor or a licensed pump in a the above address within 30 da	staller. A copy of Part 1 of the sys of well completion.	
Well Owner Informat		Well Location		
Owner Name: LEWISBURG WATE	RASON INC.	Latitude: <u>345136 N</u> Longitude: <u>89 44 30 W</u>		
Mailing Address: Po Box /	309	Method of Lat/Long (check one): Conventional Survey,		
		USGS quad, Hand-held (GPS, Survey-grade GPS	
<u>OLIVIE BRAKE M.</u> City State	S 38454 Zip Code	¼¼ Sec5	T <u>3S</u> R 5-W	
		Distance Direction Nearest Town		
Telephone No. (662) 895-60 22		3_Miles_ <u>UFS7</u> of	BYTALIA	
Pump Type		75	7	
Circle one			er Type cle 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 (sp	pecify):	
Other (specify):		Horse Power Rating of Motor:	<u>Z</u>	
Date Pump Installed: 3-9-206	6	Setting Depth: 210	feet	
Rated Pump Capacity: 250	Gallons Per Minute	Number of Stages:		
Pump Test Data		Method of Meas	uring Water Level	
Date Well Tested: 3-30-26	206	Circ	le one	
Static Water Level (A): //3,4 Feet B	elow Land Surface	Air Line Electric Measur		
Pumping Water Level (B): 162 Feet Be	elow Land Surface	Other (specify):		
Drawdown [(B) – (A)]: $\frac{48,6}{}$ Feet Be	elow Land Surface	For flowing well, measured shut	in head:feet	
Test Pumping Rate: 250 G	allons Per Minute	Well yielded 250	GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):	hours	<u> 48.6</u> feet after	//hours of pumping	
I HEREBY CEPTIFY that the goove statemen	nts are true to the best of the	my knowledge.	2/	
V WILLIAM C	71/	- unun		

I HEREBY CEPTIFY that the above statements are true to the best of n	ny knowledge.
KANDURN TARKS 0-414	Kanburkarh
Print Name of Pump Installer and License No. (if applicable)	Signature Pump Installer

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APR 27 2006

BY: OLWR