

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: DE SOTO

Permit #: 16164

Driller: PARKS + PARKS WELL SERVICE, INC.

Date drilling completed: 11-17-2005

For Office Use Only:

Aquifer: _____

Well #: M-163

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. INC.</u>	Latitude: <u>34° 51' 36" N</u> Longitude: <u>89° 44' 30" W</u>
Mailing Address: <u>P.O. Box 1309</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>OLIVE BRANCH MS 38654</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>48</u> Twn <u>35</u> Rng <u>5W</u>
Telephone No. <u>(662) 895-6022</u>	Distance Direction Nearest Town <u>3</u> Miles <u>WEST</u> of <u>BYHALIA</u>

Well / Borehole Data

Date drilling started: 9-22-05 Date drilling completed: 11-17-2005 Hole depth: 420 Hole diameter: 7 7/8

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 _____ Irrigation Fish Culture _____ Other: _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 113 feet above or below (circle one) land surface Date measured: 11-29-2005

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

Well depth: 420 Well grouted to a depth of 355 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 355 feet Casing diameter: 12 inches Type of casing: STEEL

Screen length: 60 feet Screen diameter: 8 inches Type of screen: STAINLESS STEEL

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): _____

Top of lap pipe or reduction in casing: 300 feet **If telescoped or more than one screen, describe on next page**

Form: OLWR-SWR-1A

RECEIVED

DEC 06 2005

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: DESDOTO
 Permit #: 16164
 Driller: PARKS + PARKS WELL SERVICE INC
 Date completed: _____
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: M-163
 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>LEWISBURG WATER ASSN. INC.</u>	Latitude: <u>34 51 36 N</u> Longitude: <u>89 44 30 W</u>
Mailing Address: <u>PO BOX 1309</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>OLIVE BRANCH MS 38654</u>	USGS quad _____, <u>Hand-held GPS</u> , Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>5</u> T <u>3S</u> R <u>5W</u>
Telephone No. <u>(662) 895-6022</u>	Distance Direction Nearest Town
	<u>3</u> Miles <u>WEST</u> of <u>BYTALIA</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>2</u>
Date Pump Installed: <u>3-9-2006</u>	Setting Depth: <u>210</u> feet
Rated Pump Capacity: <u>250</u> Gallons Per Minute	Number of Stages: <u>5</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-30-2006</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>113.4</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>162</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>48.6</u> Feet Below Land Surface	Well yielded <u>250</u> GPM with a drawdown of
Test Pumping Rate: <u>250</u> Gallons Per Minute	<u>48.6</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
 APR 27 2006
 BY: OLWR