

# 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)

County: LEAKE  
 Permit #: \_\_\_\_\_  
 Driller: PARKS + PARKS WELL SERVICE  
 Date drilling completed: 6-21-05

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: H-58  
 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>TRIPLES + BHT FARMS</u>	Latitude: <u>32° 49' 32"</u> Longitude: <u>89° 21' 05"</u>
Mailing Address: <u>2057 MARG HWY RD</u>	Method of Lat/Long (circle one): Conventional Survey, _____ USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS _____
City: <u>ARTAGE MS</u> State: <u>MS</u> Zip Code: <u>39057</u>	NW 1/4 NW 1/4 Sec <u>11</u> Twn <u>11N</u> Rng <u>9E</u>
Telephone No. (____) _____	Distance _____ Miles Direction <u>N</u> of Nearest Town <u>FERDINAND</u>



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### Well / Borehole Data

Date drilling started: 4/16/05 Date drilling completed: 6/21/05 Hole depth: 960 Hole diameter: 7 7/8

Location of the source of any surface water used for drilling: EXISTING WELL  
 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: Chicken Farm

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

Static Water Level: 147 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Well depth: 960 Well grouted to a depth of 302 feet Type of grout (circle one): Neat Cement Bentonite \_\_\_\_\_ Mix \_\_\_\_\_

Casing length: 920 feet Casing diameter: 4 inches Type of casing: STEEL

Screen length: 40 feet Screen diameter: 2 inches Type of screen: S.S.

Screen slot size: .012 inches Setting depth: From 920 feet to 960' 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**

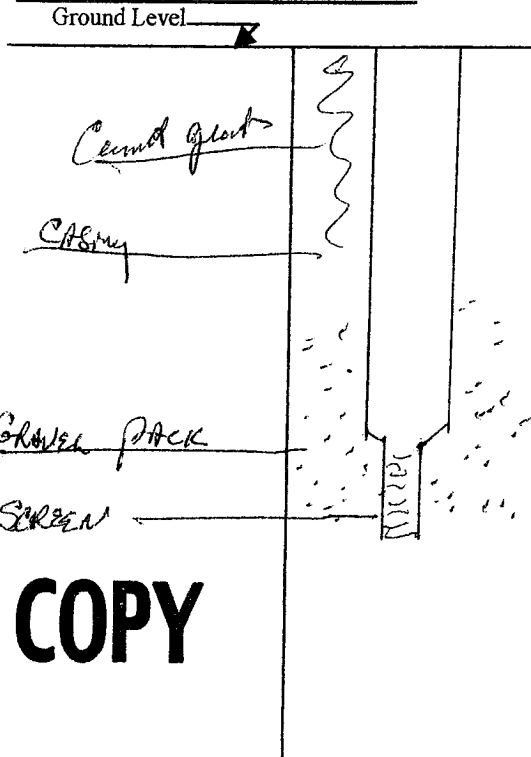
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BY: OLWR

The sketch below only required for water wells

If well telescopes, show depths on sketch.



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

Description of Formations Encountered	From (depth)	To (depth)
Red Clay	Ground Level	7
SAND-CLAY	7	155
CLAY	155	210
SANDY-CLAY	210	265
SAND	265	280
CLAY	280	440
SAND	440	470
SAND-CLAY	470	495
CLAY	495	690
SAND	690	760
SAND CLAY	760	900
SAND	900	966

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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: \_\_\_\_\_

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 Park 0-414      July 7, 2005  
 Print Name of Responsible Licensee and License No.      Date

Rayburn Park  
 Signature of Licensee

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# 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: LEAKE  
 Permit #: \_\_\_\_\_  
 Driller: PARKS + PARKS WELL SERVICE  
 Date completed: 6-12-2005  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: \_\_\_\_\_  
 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>TRIPLE S + BHT FARMS</u>	Latitude: <u>32 49 32</u> Longitude: <u>89 21 05</u>
Mailing Address: <u>2057 MARS HILL RD</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec <u>11</u> T <u>11N</u> R <u>9E</u>
<u>CARTAGE</u> MS <u>39057</u> City State Zip Code	Distance Direction Nearest Town <u>3</u> Miles <u>N</u> of <u>EDINBURY</u>
Telephone No. (____) _____	



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Pump Type Circle one	Power Type 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: _____
Date Pump Installed: _____	Setting Depth: _____ feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-22-2005</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>147</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>159</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>12</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>60</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.

Rayburn Parks 0414 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B  
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**BY: OLWR**