

County: Lee 081
 Permit #: _____
 Driller: _____
 Date drilling completed: 2-25-03

Well Driller Report and Well Log

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 #: E-98
 L. S. Elevation: _____
 E-log #: _____

Parks and Parks Water Well Services, Inc.

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Clark Andrews</u>	Latitude: <u>34° 24' 40"</u> Longitude: <u>88° 37' 49"</u>
Mailing Address: <u>794 CR 821</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Saltillo</u> MS. <u>38866</u>	<u>SW 1/4 SW 1/4</u> Sec <u>1</u> Twn <u>8S</u> Rng <u>6E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (<u>662</u>) <u>348-2066</u>	<u>1</u> Miles <u>East</u> of <u>Saltillo</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 2-22-05 Date well drilling completed: 2-25-05

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

Static Water Level: 157' feet above or below (circle one) land surface Date measured: 2-25-05

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

Hole depth: 510 ft Well depth: 510 ft Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 470 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .012 inches Setting depth: From 470 feet to 510 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 back of page

Logs run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Rayburn Parks 0-414
 Print Name of Water Well Contractor and License No.

Rayburn Parks
 Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

MAR 11 2005
 BY: OLWR

Ground Level



Description of Formations Encountered

From To

Description of Formations Encountered	From	To
SAND	0	84
Clay	84	145
Clay / Rock	145	165
Clay	165	406
SAND	406	510
Clay	510	511

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) indicate direction.

Landowner Name: Clark Andres

Rayburn Parker
 Signature of Water Well Contractor

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 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)

For Office Use Only:

Aquifer: _____
Well #: E-98
Elevation: _____

County: Lee
Permit #: _____
Driller: _____
Date completed: 2-25-05

This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

Well Owner Information	Well Location
Owner Name: <u>Clerk Andrews</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>794 CR 821</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Saltillo</u> <u>Ms.</u> <u>38866</u>	<u>SW</u> ¼ <u>SW</u> ¼ Sec <u>1</u> Twn <u>8S</u> Rng <u>6E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 348-2066</u>	<u>1</u> Miles <u>East</u> of <u>Saltillo</u>

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: <u>3/4</u>
Date Pump Installed: <u>2-25-05</u>	Setting Depth: <u>210</u> feet
Rated Pump Capacity: <u>7</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-25-05</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>157</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>180</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>23</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of
Test Pumping Rate: <u>15</u> Gallons Per Minute	_____ feet after _____ 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)

Rayburn Parks
Signature of Pump Installer

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MAR 11 2005

BY: OLWR