

County: Louises  
 Permit #: N/K - Joint Well  
 Driller: Parks & Parks  
 Date drilling completed: 3/20/15

**State Well Report**  
**Part 1 - 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 #: H-59  
 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.*

<b>Information on Well Owner</b> (Landowner if borehole is not for a water well)		<b>Well or Borehole Location</b>	
Owner Name: <u>EAST LOUISES W.A.</u>	Latitude: <u>33° 27' 07.38"</u>	Longitude: <u>88° 31' 48.33"</u>	<u>19-08-33</u>
Mailing Address: <u>P.O. Box 2072</u>	Method of Lat/Long (circle one): Conventional Survey,		
<u>Columbus, MS 39701</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS		
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 33 Twn 18.5 Rng 17W</u>		
Telephone No. <u>(662) 328-1065</u>	Distance _____ Miles	Direction _____ of	Nearest Town _____

**Well / Borehole Data**

Date drilling started: 3/2/15 Date drilling completed: 3/20 Hole depth: 530 Hole diameter: 8"

Location of the source of any surface water used for drilling: \_\_\_\_\_  
 Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

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: Test Well

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) 7 OBS Well on Rayburn Parks

Static Water Level: 118 feet above or below (circle one) land surface Date measured: 3/20

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

Well depth: 530 Well grouted to a depth of 10 feet Type of grout (circle one): (Neat Cement) Bentonite Mix

Casing length: 460 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 70 feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: .014 inches Setting depth: From 460 feet to 530 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 and monitor*

*Well used to determine water level. Located between 2 of their production wells GW-01860 & GW-01861*

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 Form: OLWR-SWR-1A (04/08)  
 MAR 30 2015

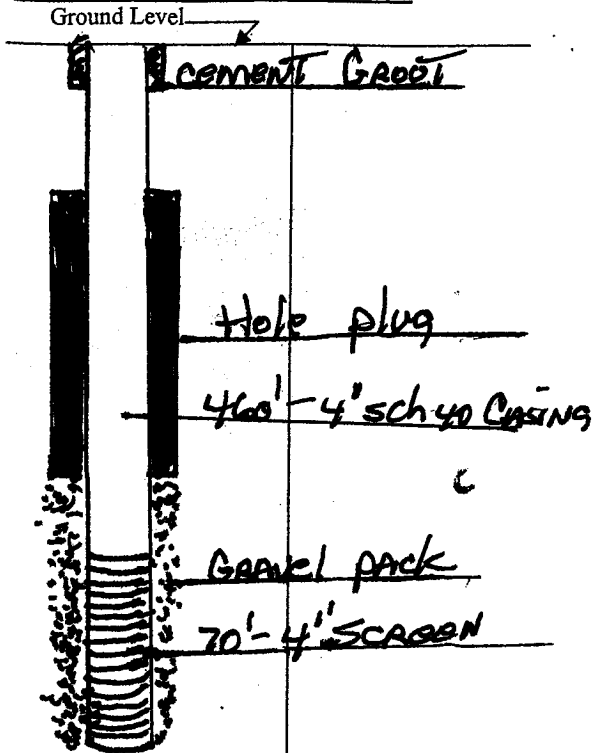
BY: OLWR  
 JAM  
 4-1-15

Lowndes

H-59

The sketch below only required for water wells

If well telescopes, show depths on sketch.



If more than one screen, show location of each 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)	
	Ground Level	
Gumbo + CLAY	0	110
GRAVEL	110	120
CLAY + SAND	120	150
CLAY	150	220
CLAY + SAND	220	300
CLAY	300	360
Gumbo + SAND	360	420
CLAY	420	460
GRAVEL, COURSE SAND	460	530

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.

*Caseing for Observation Well to keep track of water levels. Drilled between two of them other wells. MAP ATTACHED*

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Landowner Name: *EAST LOWNDOS WATER ASSN*

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

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 Parks* 0414      3/27/15      *Rayburn Parks*

Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

# 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: LOWANES  
 Permit #: N/A  
 Driller: Parks & Parks  
 Date completed: 3/20/15  
Copy information from block on Part 1

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: H-59  
 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>EAST LOWANES W.A.</u>	Latitude: <u>33.452050</u> Longitude: <u>88.318981</u>
Mailing Address: <u>P.O. Box 2072</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Columbus, MS 39701</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec. <u>33</u> T <u>18S</u> R <u>17W</u>
Telephone No. <u>(662) 328-1065</u>	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

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: _____
Date Pump Installed: <u>N/A</u>	Setting Depth: <u>N/A</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>No pump installed</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>118</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ 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

No pump - well to monitor water levels in area

Form: OLWR-SWR-1B (04/08)  
 84W  
 4-1-15

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EAST LOWNDES WATER  
33.452050  
88.318981

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*Lowndes Co*  
*H-59*

*QBS*  
*New ~~Test~~ Well*



SECRET

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