

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: MARSHALL
Permit #: _____
Driller: PAARKS + PARKS
Date drilling completed: 9/10/14

For Office Use Only:
Aquifer: _____
Well #: Y36
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>GARY SUMMERALL</u>	Latitude: <u>34° 54' 58.3"</u> Longitude: <u>89° 32' 40.6"</u> <u>34-33-00</u> <u>89-19-28</u>
Mailing Address: <u>360 Cedar Hills</u> <u>Holly Springs</u> <u>MS 38625</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SW 1/4 NE 1/4</u> Sec <u>20</u> Twn <u>6S</u> Rng <u>1W</u>
Telephone No. <u>(901) 218-7307</u>	Distance: <u>6 1/2</u> Miles Direction: <u>South</u> of Nearest Town: <u>Potts Camp</u>

Well / Borehole Data

Date drilling started: 8/11 Date drilling completed: 9/10 Hole depth: 930 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: SIPM

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: 239 feet above or below (circle one) land surface Date measured: 9/10/14

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

Well depth: 930 Well grouted to a depth of 50 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 870 feet Casing diameter: 4 inches Type of casing: Steel

Screen length: 60 feet Screen diameter: 4 inches Type of screen: Stainless Steel

Screen slot size: .012 inches Setting depth: From 870 feet to 930 feet

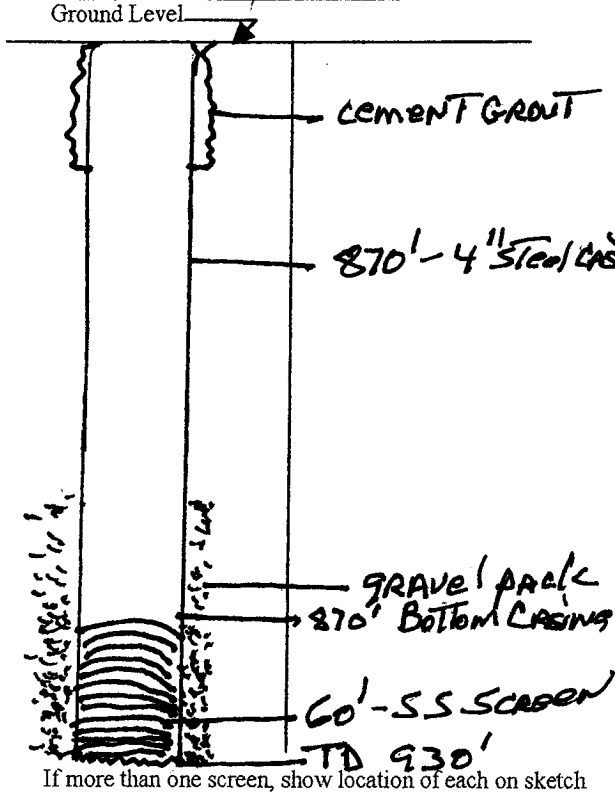
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
Other (describe): _____

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

Form **PLWR-SWR-1A**

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If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Red CLAY	0	50
CLAY	50	686
CLAY Mixed w/SAND	686	802
SANDY CLAY	802	849
Good SAND	849	933

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.

MAP ATTACHED

Landowner Name: GARY SUMMERRAIL

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 Parks 0414 9/13/14

Print Name of Responsible Licensee and License No. Date

Rayburn Parks

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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: MARSHALL
 Permit #: _____
 Driller: Parks & Parks
 Date completed: 9/10/14
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: Y36
 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>GARY SUMMERALL</u>	Latitude: <u>34° 54' 88.3"</u> Longitude: <u>89° 32' 42.6"</u> <small>34-33-00 89-19-28</small>
Mailing Address: <u>360 Cedar Hill</u> <u>Holly Springs, MS</u> <u>38635</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ <u>S 1/4 NE 1/4 Sec 20 T 65 R 1W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>(901) 218-7307</u>	<u>6 1/2</u> Miles <u>South</u> of <u>Potts Camp, MS</u>

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: <u>1</u>
Date Pump Installed: <u>9/12/14</u>	Setting Depth: <u>315</u> feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9/12/14</u>	Air Line _____ Electric Measuring Line _____ Steel Tape _____
Static Water Level (A): <u>239</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)]: <u>252</u> Feet Below Land Surface	Well yielded <u>15</u> GPM with a drawdown of
Test Pumping Rate: <u>15</u> Gallons Per Minute	<u>13</u> feet after <u>4</u> hours of pumping
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 0414 Rayburn Parks
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer