

# 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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: K-86  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Monroe  
Permit #: MS-GW16440  
Driller: Parks & Parks  
Date drilling completed: 10/12/07

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<br>(Landowner if borehole is not for a water well)  | Well or Borehole Location   |
|---|---|
| Owner Name: <u>Steve Kohen</u>  | Latitude: _____ Longitude: _____  |
| Mailing Address: <u>20815 White Rock Rd</u><br><u>Aberdeen, MS 39730</u>  | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____  | ____ 1/4 ____ 1/4 Sec <u>23</u> Twn <u>14S</u> Rng <u>6E</u>  |
| Telephone No. ( <u>662</u> ) <u>369-2916</u>  | Distance: <u>2</u> Miles Direction: <u>NW</u> of Nearest Town: <u>Aberdeen</u>                      |
| Well / Borehole Data  |   |
| Date drilling started: <u>10/1/07</u> Date drilling completed: <u>10/12/07</u> Hole depth: <u>672</u> Hole diameter: <u>10</u>                            |   |
| Location of the source of any surface water used for drilling: _____  |   |
| Method of dosing and volume of Chlorine used in drilling and development: <u>SPM</u>  |   |
| Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____   |   |
| Name of organization running log(s): _____  |   |
| Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ |   |
| Seismic Survey _____ Other (describe) _____   |   |
| <i>If drilling is not related to water well construction, skip the remainder of this block</i>  |   |
| Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation _____ <u>Fish Culture</u> Other: _____                            |   |
| If a flowing well, method of flow regulation: Valve _____ Other (describe) _____  |   |
| Static Water Level: <u>89</u> feet above or below (circle one) land surface Date measured: <u>10/12</u>   |   |
| Method of Measurement (circle one) steel tape electric tape air line other: _____   |   |
| Well depth: <u>672</u> Well grouted to a depth of <u>50</u> feet Type of grout (circle one): Neat Cement Bentonite Mix                                    |   |
| Casing length: <u>622</u> feet Casing diameter: <u>6"</u> inches Type of casing: <u>PVC</u>   |   |
| Screen length: <u>50</u> feet Screen diameter: <u>6"</u> inches Type of screen: <u>PVC</u>  |   |
| Screen slot size: <u>.016</u> inches Setting depth: From <u>622</u> feet to <u>672</u> feet   |   |
| Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development                                     |   |
| Other (describe): _____   |   |
| Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>                                   |   |

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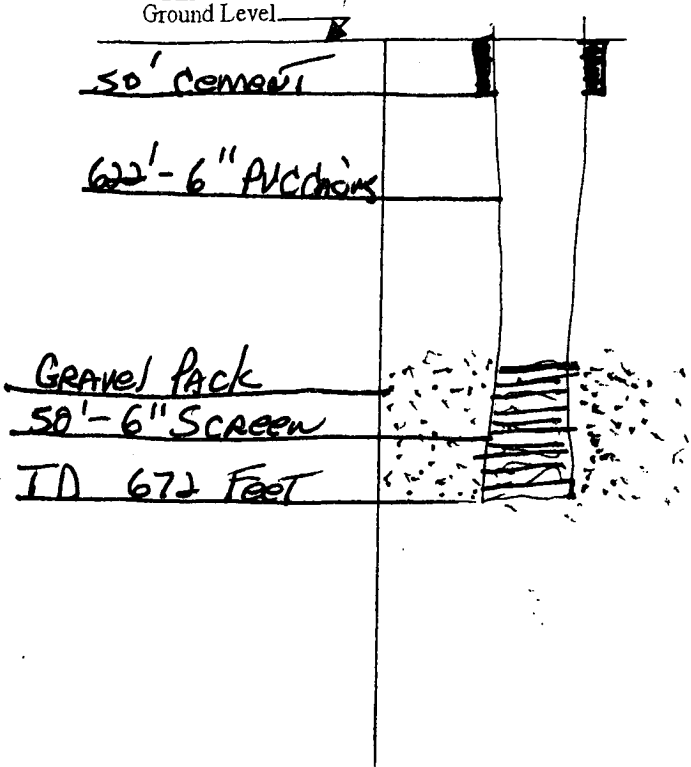
BY: OLWR

K-86

USE SPECIFIC DESIGN ONLY REQUIREMENTS FOR THESE WELLS

wells and boreholes, unless specifically exempted by regulations

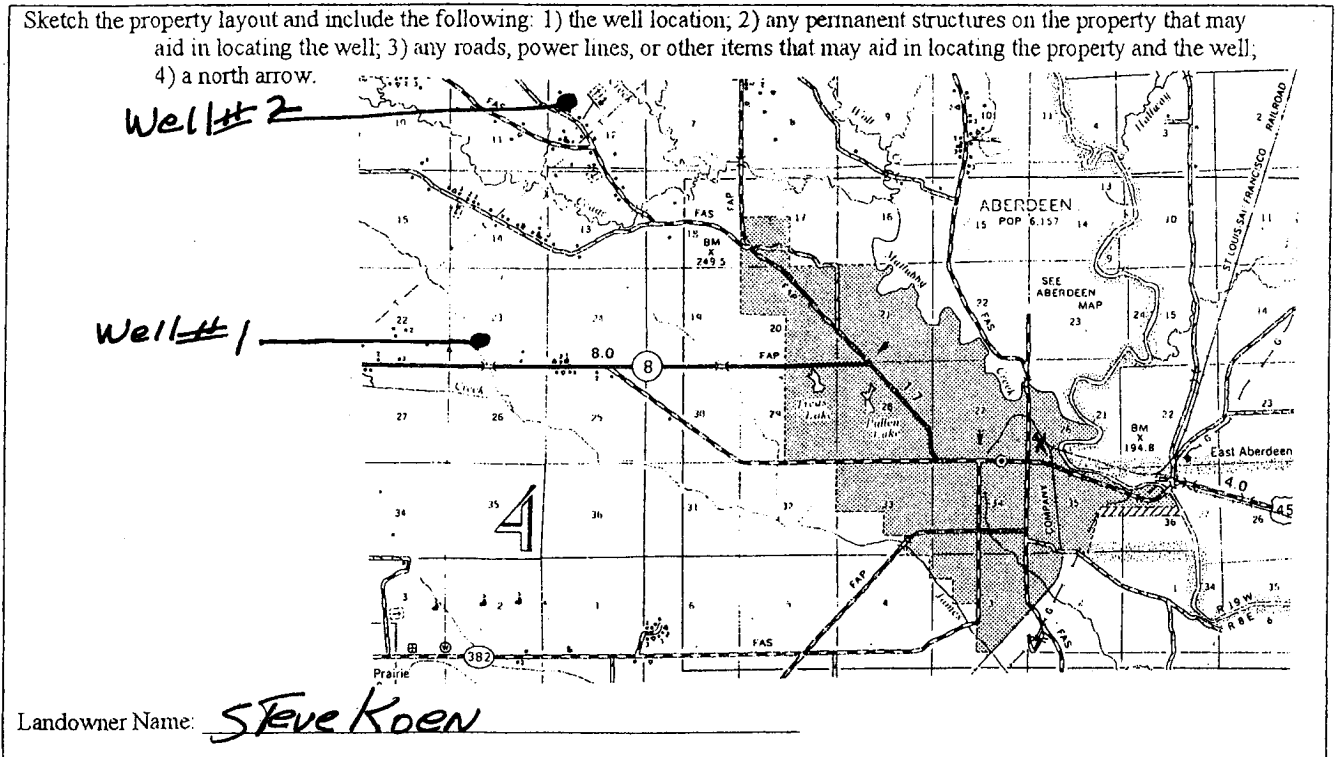
If well telescopes, show depths on sketch



| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| CLAY                                  | Ground Level | 17         |
| LIMESTONE                             | 17           | 132        |
| SAND                                  | 132          | 140        |
| CLAY                                  | 140          | 202        |
| SAND + CLAY                           | 202          | 295        |
| CLAY                                  | 295          | 317        |
| SAND                                  | 317          | 341        |
| SAND-CLAY                             | 341          | 365        |
| CLAY                                  | 365          | 405        |
| SAND CLAY                             | 405          | 432        |
| CLAY                                  | 432          | 505        |
| SAND                                  | 505          | 605        |
| CLAY                                  | 605          | 610        |
| SAND                                  | 610          | 630        |
| GRAVEL                                | 630          | 672        |

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.



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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 0-414  
 Print Name of Responsible Licensee and License No.

10/24/07  
 Date

Rayburn Parks  
 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: MONROE  
 Permit #: \_\_\_\_\_  
 Driller: Parks & Parks  
 Date completed: 10/12/07  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: K-86  
 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>Steve Kohen</u>   | Latitude: _____ Longitude: _____  |
| Mailing Address: <u>20815 White Rock Rd</u><br><u>Aberdeen, MS 39730</u> | Method of Lat/Long (check one): Conventional Survey _____<br>USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| City _____ State _____ Zip Code _____                                    | _____ 1/4 _____ 1/4 Sec <u>23</u> T <u>14SR</u>   |
| Telephone No. ( <u>662</u> ) <u>369-2916</u>                             | Distance _____ Direction _____ Nearest Town _____<br><u>2</u> Miles <u>NW</u> of <u>Aberdeen</u>                          |

| Pump Type<br>Circle one   | Power Type<br>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>15</u>                              |
| Date Pump Installed: <u>10/13/07</u>                                  | Setting Depth: <u>189</u> feet                                      |
| Rated Pump Capacity: <u>230</u> Gallons Per Minute                    | Number of Stages: <u>4</u>  |

| Pump Test Data  | Method of Measuring Water Level<br>Circle one                                     |
|---|---|
| Date Well Tested: <u>10/14/07</u>                           | Air Line              Electric Measuring Line              Steel Tape             |
| Static Water Level (A): <u>98</u> Feet Below Land Surface   | Other (specify): _____  |
| Pumping Water Level (B): <u>138</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet                               |
| Drawdown [(B) - (A)]: <u>40</u> Feet Below Land Surface     | Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: <u>230</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.

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

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