

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-89
L. S. Elevation: _____
E-log #: _____

County: MONROE
Permit #: MS GW-15623
Driller: Parks & Parks
Date drilling completed: 1/28/08

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>Mr. Andrew Lee</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>20793</u> <u>White Rock Rd</u> <u>Abbeville MS 39730</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 SE 1/4 Sec 10 Twn 14S Rng 6E</u>
Telephone No. <u>(662) 369-0707</u>	Distance _____ Direction _____ Nearest Town _____ Miles of _____

Well / Borehole Data

Date drilling started: 1/17/08 Date drilling completed: 1/28/08 Hole depth: 750 Hole diameter: 10

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

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: 53 feet above or below (circle one) land surface Date measured: 1/28/08

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

Well depth: 750 Well grouted to a depth of 50 feet Type of grout (circle one) Neat Cement _____ Bentonite _____ Mix _____

Casing length: 680 feet Casing diameter: 6 inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 6 inches Type of screen: PVC .016

Screen slot size: .016 inches Setting depth: From 680 feet to 740 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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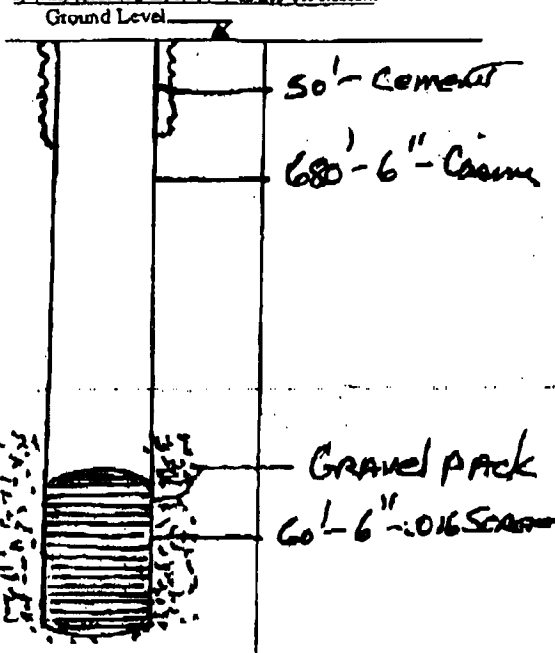
BY: OLWF

K-89

The sketch below only required for water wells

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

If well telescopes, show depths on sketch



Description of Formations Encountered	From (depth) Ground Level	To (depth)
CLAY	0	20
LIME Stone	20	111
SAND + CLAY	111	237
SAND	237	400
SAND + CLAY	400	441
CLAY	441	561
SAND	561	650
SAND + gravel	650	670
GRAVEL (covered)	670	750

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: Mr. Andrew Lee

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

Print Name of Responsible Licensee and License No. Rayburn Parks 0-444 Date 2/4/08 Signature of Licensee Rayburn Parks

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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 #: MS GW-15623
 Driller: PARKS & PARKS
 Date completed: 1/28/08
 Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: K-89
 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>Mr. Andrew Lee</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>20793</u> <u>White Rock Rd</u> <u>Aberdeen MS 39230</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>NE 1/4 SE 1/4 Sec 10 T 14S R 6E</u>
Telephone No. (____) _____	Distance Direction Nearest Town <u>4</u> Miles <u>NW</u> of <u>Aberdeen, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>15</u>
Date Pump Installed: <u>JANUARY 30, 2008</u>	Setting Depth: <u>168'</u> feet
Rated Pump Capacity: <u>240</u> Gallons Per Minute	Number of Stages: <u>6</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>JANUARY 30, 2008</u>	Air Line <input type="radio"/> <input checked="" type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>53</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>110</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>57</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>250</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 0-414 **RECEIVED**
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 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer