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PARKS & PARKS WATER

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### State Well Report

#### Part I - 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)

0480001-12

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: Q-106  
 L. S. Elevation: 311  
 E-log #: \_\_\_\_\_

County: Monroe  
 Permit #: MS-GW-16-266  
 Driller: Parks & Parks  
 Date drilling completed: 5/2/07

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.

|   |   |
|---|---|
| <p><b>Information on Well Owner</b><br/>         (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>City of Aberdeen</u><br/>         Mailing Address: <u>125 W Commerce St</u><br/> <u>Aberdeen MS 39230</u><br/>         City State Zip Code<br/>         Telephone No. (<u>662</u>) <u>369-4665</u></p> | <p><b>Well or Borehole Location</b></p> <p>Latitude: <u>33° 47' 50"</u> Longitude: <u>88° 38' 57"</u><br/> <small>49.5 58.4</small></p> <p>Method of Lat/Long (circle one): Conventional Survey,<br/>         USGS quad, Hand-held GPS, Survey-grade GPS</p> <p>SW ¼ SW ¼ Sec <u>2</u> Twn <u>15S</u> Rng <u>6E</u></p> <p>Distance Direction Nearest Town<br/> <u>3</u> Miles <u>SW</u> of <u>Aberdeen</u></p> |
|---|---|

**Well / Borehole Data**

Date drilling started: 2/10/07 Date drilling completed: 5/2/07 Hole depth: 430 Hole diameter: 12" x 8"

Location of the source of any surface water used for drilling: \_\_\_\_\_  
 Method of dosing and volume of Chlorine used in drilling and development: 5 PPM

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_  
 Name of organization running log(s): SIRT

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: 178.80 feet above or below (circle one) land surface Date measured: 5/18/07

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

Well depth: 430 Well grouted to a depth of 345 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 345 feet Casing diameter: 12 inches Type of casing: Steel

Screen length: 85 feet Screen diameter: 8" inches Type of screen: Stainless Steel

Screen slot size: .016 inches Setting depth: From 350 feet to 430 feet w/ 15' Blank

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

Top of log pipe or reduction in casing: 270 feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

Mailed 5/15/07



### 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: 10/16/2007  
 Copy information from block on Part 1

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: Q-106  
 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>CITY OF ABERDEEN</u>       | Latitude: <u>33° 40' 50"</u> Longitude: <u>88 38.57</u>      |
| Mailing Address: <u>125 W Commerce ST</u> | Method of Lat/Long (check one): Conventional Survey _____    |
| <u>Aberdeen MS 39730</u>                  | USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| City State Zip Code                       | _____ 1/4 _____ 1/4 Sec <u>2</u> T <u>15S</u> R <u>6E</u>    |
| Telephone No. <u>(662) 369-4165</u>       | Distance Direction Nearest Town                              |
|   | <u>3</u> Miles <u>SW</u> of <u>Aberdeen</u>                  |

| Pump Type<br>Circle one                            | Power Type<br>Circle one                  |
|--|---|
| Air Lift Jet Submersible                           | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston <u>Turbine</u>                       | <u>Electric Motor</u> Hand Tractor PTO    |
| Centrifugal Rotary Flowing Well                    | Windmill Other (specify): _____           |
| Other (specify): _____                             | Horse Power Rating of Motor: <u>60</u>    |
| Date Pump Installed: <u>9/24/07</u>                | Setting Depth: <u>320</u> feet            |
| Rated Pump Capacity: <u>350</u> Gallons Per Minute | Number of Stages: <u>16</u>               |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one       |
|--|---|
| Date Well Tested: <u>9/28/07</u>                               | Air Line <u>Electric Measuring Line</u> Steel Tape  |
| Static Water Level (A): <u>178.80</u> Feet Below Land Surface  | Other (specify): _____                              |
| Pumping Water Level (B): <u>266.74</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>88</u> Feet Below Land Surface        | Well yielded <u>3.68</u> GPM with a drawdown of     |
| Test Pumping Rate: <u>437.50</u> Gallons Per Minute            | <u>88</u> feet after <u>25</u> hours of pumping     |
| Duration of Pump Test (minimum 4 hours): <u>25</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) Signature of Pump Installer