

County: Montgomery 099
Permit #: _____
Driller: _____
Date drilling completed: 11-10-04

Well Driller Report and Well 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)

Aquifer: _____
Well #: L-15
L. S. Elevation: _____
E-log #: _____

Parks and Parks Water Well Service, INC

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>David Lane</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 137</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Stewart</u> <u>Ms.</u> <u>39767</u> City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>1</u> Twn <u>18N</u> Rng <u>8E</u>
Telephone No. <u>(662) 310-0284</u>	Distance Direction Nearest Town <u>5</u> Miles <u>South</u> of <u>Stewart</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 11-3-04 Date well drilling completed: 11-10-04

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 26 ft feet above or below (circle one) land surface Date measured: 11-11-04

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

Hole depth: 323 ft Well depth: 310 ft Well grouted to a depth of _____ feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 280 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4" inches Type of screen: PVC

Screen slot size: _____ inches Setting depth: From 280 feet to 310 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

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

Rayburn Parks 0-414
Print Name of Water Well Contractor and License No.

Rayburn Parks
Signature of Water Well Contractor
NOV 24 2004

If well telescopes please sketch below and show depths.

BY: OLWR

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

For Office Use Only:

Aquifer: _____

Well #: L-15

Elevation: _____

County: Montgomery

Permit #: _____

Driller: _____

Date completed: 11-10-04

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)

This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

Well Owner Information	Well Location
Owner Name: <u>David Lane</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 137</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Stewart</u> <u>Ms.</u> <u>39767</u> City State Zip Code	<u>1/4</u> <u>1/4</u> Sec / <u>1</u> Twn <u>18N</u> Rng <u>8E</u>
Telephone No. <u>(662) 310 - 0284</u>	Distance Direction Nearest Town <u>5</u> Miles <u>EAST</u> of <u>STEWART</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>11-11-04</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): _____ 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.

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

Signature of Pump Installer

RECEIVED

NOV 24 2004

BY: OLWR