

County: WISCONSIN  
 Permit #: GW 16052  
 Driller: PAIKS+PAIKS WATER WELL SERVICE, INC  
 Date drilling completed: 12/14/07

## 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)

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: B-25  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

**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>CENTRAL WATER ASSOCIATION</u>	Latitude: <u>32° 52' 20"</u> Longitude: <u>89° 10' 30"</u>
Mailing Address: <u>ARLINGTON DIVISION</u> <u>P.O. Box 33</u>	Method of Lat/Long (circle one): Conventional Survey, <u>USGS quad</u> , Hand-held GPS, Survey-grade GPS
<u>PHILADELPHIA MS 39350</u> City State Zip Code	<u>NE 1/4 NW 1/4 Sec 28 Twn 12N Rng 11E</u>
Telephone No. <u>(601) 656-6171</u>	Distance Direction Nearest Town <u>9</u> Miles <u>N</u> of <u>PHILADELPHIA MS</u>

**Well Data**

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

Date well drilling started: MARCH 2004 Date well drilling completed: 12-14-04

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

Static Water Level: 132 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Hole depth: 800 Well depth: 774 Well grouted to a depth of 710 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 710 feet Casing diameter: 12 inches Type of casing: STEEL

Screen length: 60 feet Screen diameter: 8 inches Type of screen: STAINLESS STEEL

Screen slot size: .030 inches Setting depth: From 714 feet to 774 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: 654 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): MSGS

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 Paiks 0414  
 Print Name of Water Well Contractor and License No.

**RECEIVED**  
Rayburn Paiks  
 DEC 23 2007 Signature of Water Well Contractor

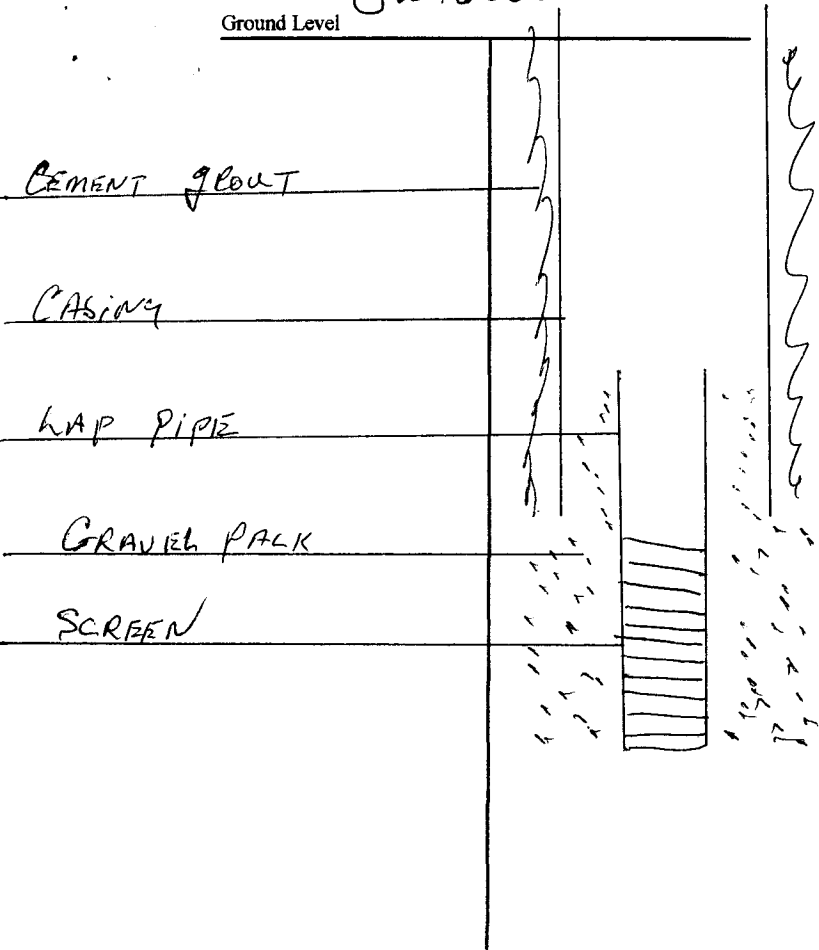
If well telescopes please sketch below and show depths.

**BY: OLWR**

GW 16052

B-25

Ground Level

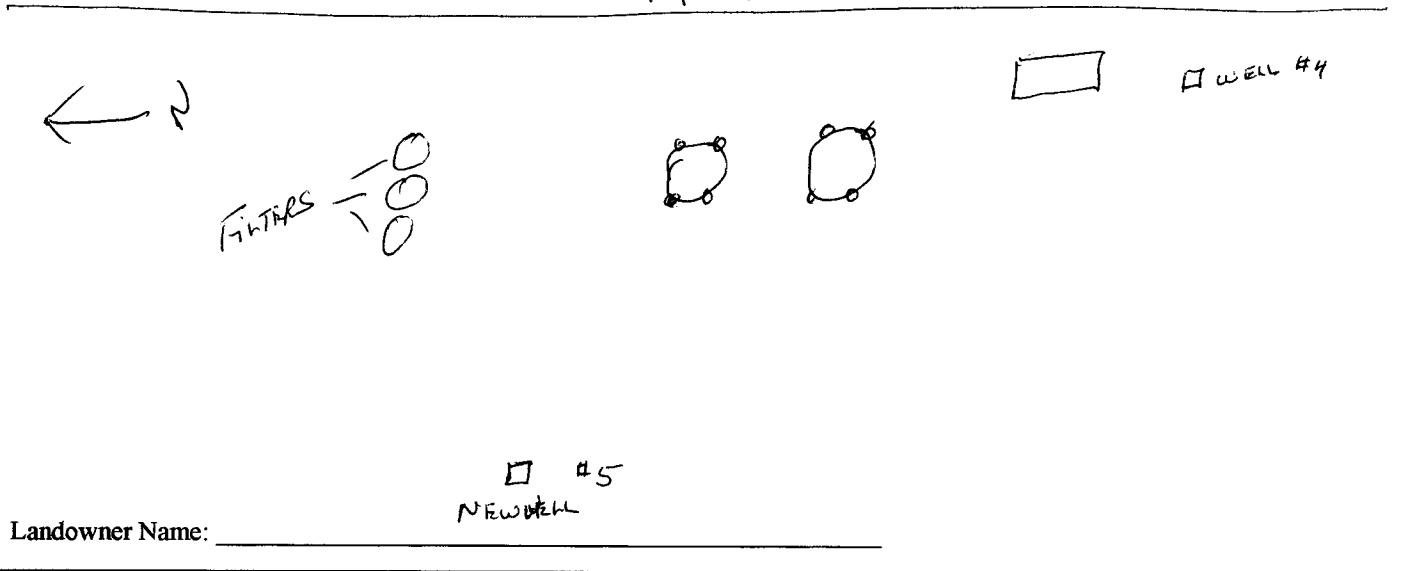


Description of Formations Encountered	From	To
RED SAND	0	25
CLAY	25	145
SAND	145	195
SAND + ROCK	195	198
SAND	198	220
CLAY	220	670
SAND	670	680
CLAY	680	714
SAND	714	777
CLAY	777	805

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) indicate direction.

NY 19



Landowner Name: \_\_\_\_\_

*Raymond L...*  
 Signature of Water Well Contractor

RECEIVED  
 DEC 23 2004  
 BY: OLWR

# STATE WELL REPORT

## Part 2

### Pump Installer's Completion Report

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: B-25  
Elevation: \_\_\_\_\_

County: MESHOBA

Permit #: GW 16052

Driller: PARKS PARKS WATER WELL SERVICE

Date completed: 12-14-04

Mississippi Department of Environmental Quality  
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P.O. Box 10631  
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(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>CENTRAL WATER ASSOCIATION</u>	Latitude: <u>32 52 20</u> Longitude: <u>89 10 50</u>
Mailing Address: <u>ARLINGTON DIVISION</u> <u>P.O. BOX 33</u> <u>PHILADELPHIA MS 39350</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, <u>USGS quad</u> Hand-held GPS, Survey-grade GPS <u>NE 1/4 NW 1/4 Sec 28 Twn 12N Rng 11E</u>
Telephone No. <u>(601) 656-6171</u>	Distance Direction Nearest Town <u>9</u> Miles <u>N</u> of <u>PHILADELPHIA MS</u>

Pump Type Circle one	Power Type 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>40</u>
Date Pump Installed: _____	Setting Depth: <u>200</u> feet
Rated Pump Capacity: <u>500</u> Gallons Per Minute	Number of Stages: <u>4</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>132</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>146.10</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>14.10</u> Feet Below Land Surface	Well yielded <u>500</u> GPM with a drawdown of
Test Pumping Rate: <u>500</u> Gallons Per Minute	<u>14.10</u> feet after <u>4</u> hours of pumping
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 0414 DEC 23 2004  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

**BY: OLWT**