

County: NESHOBAT
 Permit #: 16050
 Driller: PARKS PARKS WATER WELL SERVICE, INC
 Date drilling completed: _____

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 #: C-15
 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° 55' 18"</u> Longitude <u>89° 06' 16"</u>
Mailing Address: <u>NORTH PEARL DIVISION</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>P.O. BOX 33</u>	<u>USGS quad</u> , Hand-held GPS, Survey-grade GPS
<u>PHILADELPHIA MS 39350</u>	<u>N1/2 1/4 SW 1/4 Sec 6 Twn 12N Rng 12E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 656-6171</u>	<u>4 Miles S of NOKAPATEL 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: 153.35 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 700 Well depth: 686 Well grouted to a depth of 590 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 590 feet Casing diameter: 12 inches Type of casing: STEEL

Screen length: 90 feet Screen diameter: 8 inches Type of screen: STAINLESS STEEL

Screen slot size: .030 inches Setting depth: From 596 feet to 686 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: 506 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.

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

RECEIVED
Parks Parks
 DEC 23 2004 Signature of Water Well Contractor

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 #: C-15

Elevation: _____

County: NEShoba

Permit #: 16050

Driller: PARK + PARK WATER WELL SERVICE

Date completed: 12-14-07

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

Owner Name: CENTRAL WATER ASSOCIATION

Mailing Address: NORTH PEARL DIVISION

P.O. Box 33

PHILADELPHIA MS 39350
City State Zip Code

Telephone No. (601) 656-6171

Well Location

Latitude: 32 55 18 Longitude: 89 06 14

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS, Survey-grade GPS

NE 1/4 SW 1/4 Sec 6 Twn 12N Rng 12E

Distance Direction Nearest Town

4 Miles S of NOXAPATER MS

Pump Type
Circle one

Air Lift Jet Submersible

Bucket Piston Turbine

Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: _____

Rated Pump Capacity: 500 Gallons Per Minute

Power Type
Circle one

Diesel Engine Gasoline Engine Natural Gas

Electric Motor Hand Tractor PTO

Windmill Other (specify): _____

Horse Power Rating of Motor: 40

Setting Depth: 210 feet

Number of Stages: 4

Pump Test Data

Date Well Tested: _____

Static Water Level (A): 153.35 Feet Below Land Surface

Pumping Water Level (B): 165.05 Feet Below Land Surface

Drawdown [(B) - (A)]: 11.70 Feet Below Land Surface

Test Pumping Rate: 500 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level
Circle one

Air Line Electric Measuring Line Steel Tape

Other (specify): _____

For flowing well, measured shut in head: _____ feet

Well yielded 500 GPM with a drawdown of

11.70 feet after 4 hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Rayburn Parks 0414
Print Name of Pump Installer and License No. (if applicable)

RECEIVED
Rayburn Parks
Signature of Pump Installer
DEC 23 2004

BY: OLWR