

County: NESHOBBA
 Permit #: 16051
 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 #: G-58
 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° 49' 10"</u> Longitude: <u>89° 06' 38"</u>
Mailing Address: <u>CENTRAL 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>NW 1/4 SW 1/4 Sec 7 TwN 11N Rng 12E</u>
Telephone No. <u>(601) 656-6171</u>	Distance Direction Nearest Town <u>242 Miles N of 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: 104 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 670 Well depth: 642 Well grouted to a depth of 537 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 537 feet Casing diameter: 12 inches Type of casing: STEEL

Screen length: 100 feet Screen diameter: 8 inches Type of screen: STAINLESS STEEL

Screen slot size: .030 inches Setting depth: From 542 feet to 642 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: 441 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): MSG

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 0414
 Print Name of Water Well Contractor and License No.

RECEIVED
 DEC 23 2004
Rayburn Parks
 Signature of Water Well Contractor

BY: OLWR

If well telescopes please sketch below and show depths.

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

For Office Use Only:

County: _____
Permit #: 16051
Driller: PARKS + PARKS WATER WELL SERVICE
Date completed: _____

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P.O. Box 10631
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(601)354-6938 (fax)

Aquifer: _____
Well #: G-58
Elevation: _____

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: CENTRAL DIVISION, P.O. BOX 33, PHILADELPHIA MS 39350, Telephone No. (601) 656-6171
Well Location: Latitude: 32 49 10, Longitude: 89 66 38, Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, NW 1/4 SW 1/4 Sec 7, Twn 11N, Rng 12E, Distance: 2.42 Miles, Direction: N, Nearest Town: PHILADELPHIA MS

Pump Type: Air Lift, Bucket, Centrifugal, Other (specify): _____, Date Pump Installed: _____, Rated Pump Capacity: 500 Gallons Per Minute
Power Type: 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): 10.4 Feet Below Land Surface, Pumping Water Level (B): 175.20 Feet Below Land Surface, Drawdown [(B) - (A)]: 71.25 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 71.25 feet after 4 hours of pumping

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): Rayburn Parks 04/14
Signature of Pump Installer: [Signature]
RECEIVED DEC 23 2004 BY: OLWR