

State Well Report

Part 1 - 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)

County: NESHOBAY
 Permit # MS-GW-16183
 Driller: PARKS + PARKS WELL SERVICE INC.
 Date drilling completed: 4-17-2006

For Office Use Only:

Aquifer: _____
 Well #: H-70
 L. S. Elevation: _____
 E-log #: _____

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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name <u>CENTRAL WATER ASSN.</u>	Latitude: <u>32° 48' 03" N</u> Longitude: <u>88° 59' 41" W</u>
Mailing Address: <u>PO Box 33</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Philadelphia MS 39357</u> City State Zip Code	<u>1/4 1/4 Sec 17 Twn 11N Rng 13E</u>
Telephone No. <u>(601) 656-6171</u>	Distance Direction Nearest Town <u>7 Miles EAST of PHILADELPHIA</u>

Well / Borehole Data

Date drilling started: 2-11-06 Date drilling completed: 4-17-2006 Hole depth: 698 Hole diameter: 2 1/2

Location of the source of any surface water used for drilling: CENTRAL WATER
 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): _____

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: 260 feet above or below (circle one) land surface Date measured: 4-20-2006
 Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: _____ Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 590 feet Casing diameter: 16 inches Type of casing: STEEL
 Screen length: 100 feet Screen diameter: 10 inches Type of screen: STAINLESS STEEL
 Screen slot size: .030 inches Setting depth: From 598 feet to 698 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: 498 feet. ***If telescoped or more than one screen, describe on next page***

Form: OLWR-SWR-1A

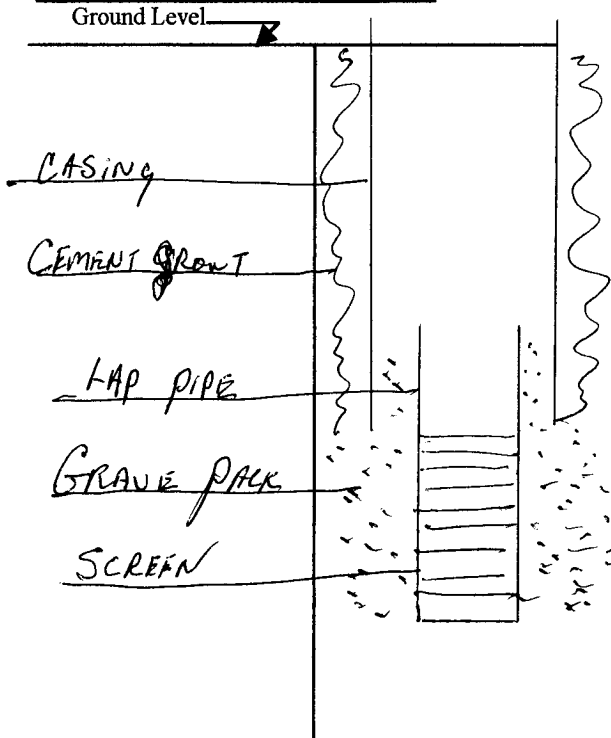
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H-70

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

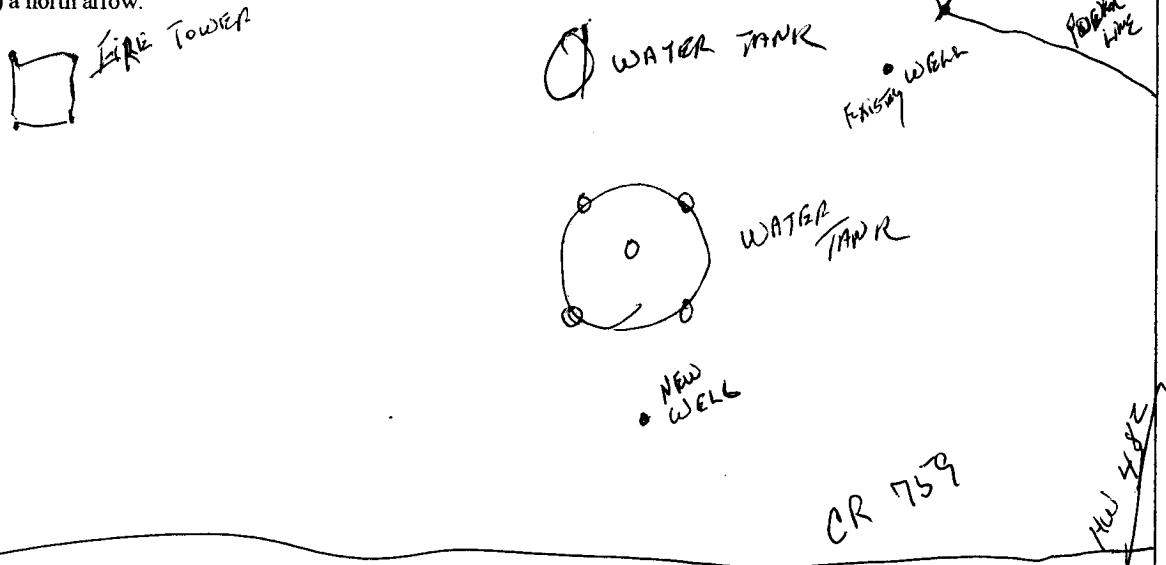
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
SAND	Ground Level	157
CLAY + SAND	157	217
SAND + LIGNITE	217	230
CLAY	230	507
SAND	507	550
SAND + CLAY	550	580
SAND	580	730

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) a north arrow.



Landowner Name: _____

Form: OLWR-SWR-1A

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

Rayburn Parks 0-414

5/10/06

Signature of Licensee

Print Name of Responsible Licensee and License No.

Date

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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)

For Office Use Only:

Aquifer: _____
 Well #: H-70
 Elevation: _____

County: NESTOR
 Permit #: _____
 Driller: PARK + PARK WELL SERVICE INC
 Date completed: 5-10-2006
 Copy information from block on Part 1

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>CENTRAL WATER ASSN.</u>	Latitude: <u>32°48'03" N</u> Longitude: <u>38°59'41" W</u>
Mailing Address: <u>P.O. Box 33</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>PHILADELPHIA MS 39350</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>17</u> T <u>NN</u> R <u>13E</u>
Telephone No. <u>(601) 656-6171</u>	Distance Direction Nearest Town
	<u>7</u> Miles <u>EAST</u> of <u>PHILADELPHIA</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>100</u>
Date Pump Installed: <u>5-8-2006</u>	Setting Depth: <u>350</u> feet
Rated Pump Capacity: <u>800</u> Gallons Per Minute	Number of Stages: <u>5</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-10-2006</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>260</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>315</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>55</u> Feet Below Land Surface	Well yielded <u>800</u> GPM with a drawdown of
Test Pumping Rate: <u>800</u> Gallons Per Minute	<u>55</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 0-414 Print Name of Pump Installer and License No. (if applicable) Rayburn Parks Signature of Pump Installer

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