

# 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: NE SHOBA  
Permit #: MS 6W 16182  
Driller: PARKS & PARKS WELL SERVICE INC.  
Date drilling completed: 11-14-2005

### For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: K-57  
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° 41' 23N</u> Longitude: <u>89° 12' 13W</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</u> MS <u>39350</u> City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>30</u> Twn <u>10N</u> Rng <u>11E</u>
Telephone No. <u>(601) 656-6171</u>	Distance Direction Nearest Town <u>6</u> Miles <u>SOUTHWEST OF</u> <u>PHILADELPHIA</u>

**Well / Borehole Data**

Date drilling started: 6-15-2005 Date drilling completed: 11-14-2005 Hole depth: 400 Hole diameter: 7 7/8

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: 242.40 feet above or below (circle one) land surface Date measured: 11-15-2005

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

Well depth: 390 Well grouted to a depth of 340 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 340 feet Casing diameter: 16 inches Type of casing: STEEL

Screen length: 45 feet Screen diameter: 12 inches Type of screen: STAINLESS STEEL

Screen slot size: .030 inches Setting depth: From 345 feet to 390 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: 295 feet. **If telescoped or more than one screen, describe on next page**

Form: OLWR-SWR-1A

RECEIVED

DEC 06 2005

BY: OLWR

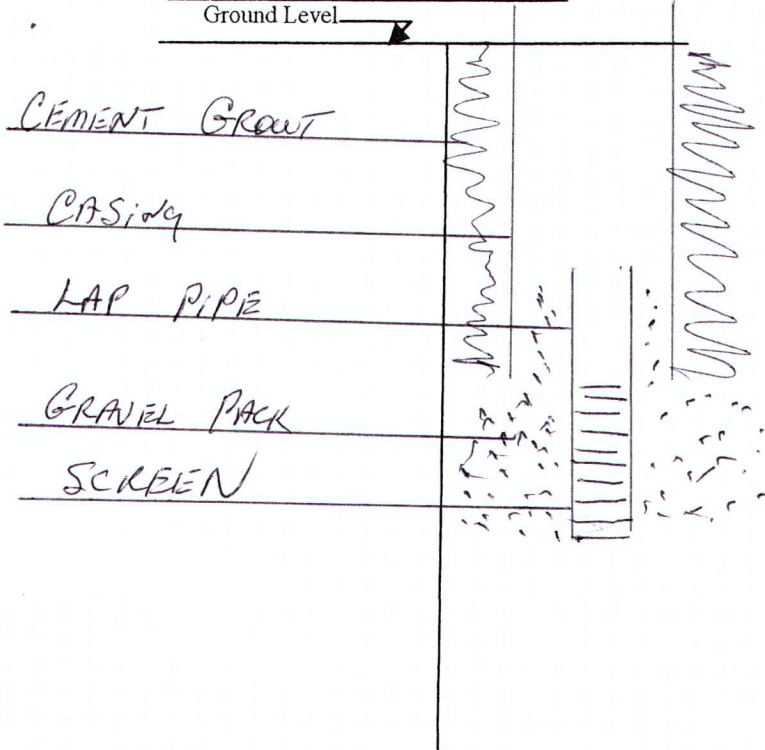
**MS-6W-16182**

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

**K-57**

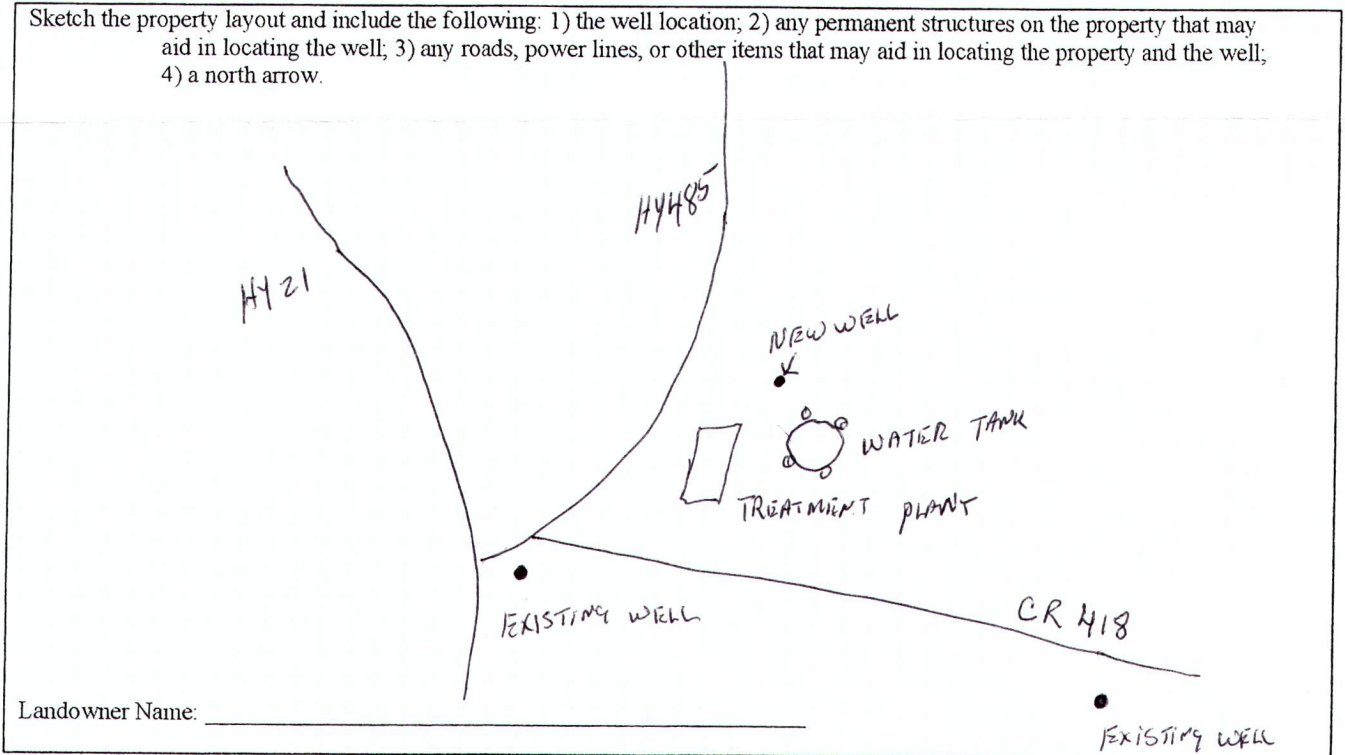
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
RED SANDS	Ground Level	34
CLAY	34	65
SAND	65	117
CLAY	117	164
SAND	164	178
CLAY	178	217
SAND	217	225
CLAY - SAND	225	268
SAND	268	277
CLAY	277	340
SAND	340	392
CLAY	392	400

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  
 Print Name of Responsible Licensee and License No.

12/2/05  
 Date

Rayburn Parks  
 Signature of Licensee

**RECEIVED**  
**DEC 06 2005**  
**BY: OLWR**

# 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)

County: NESHOBIA  
 Permit #: \_\_\_\_\_  
 Driller: PARKS + PARKS WELL SERVICE INC.  
 Date completed: \_\_\_\_\_  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: K-57  
 Elevation: \_\_\_\_\_

*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 41 23 N</u> Longitude: <u>89 12 13 W</u>
Mailing Address: <u>PO BOX 33</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>PHILADELPHIA MS 39550</u>	USGS quad _____, <u>Hand-held GPS</u> , Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>30</u> T <u>10N</u> R <u>11E</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>6</u> Miles <u>Southwest</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): <u>3-16-2006</u>	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: _____	Setting Depth: <u>370</u> feet
Rated Pump Capacity: <u>500</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-5-2006</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>242</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>342</u> feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>100</u> Feet Below Land Surface	Well yielded <u>503</u> GPM with a drawdown of
Test Pumping Rate: <u>503</u> Gallons Per Minute	<u>100</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.

Rayuan Parks 0-414 Rayuan Parks  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

RECEIVED

APR 27 2006

BY: OLWR