

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)

For Office Use Only:

Aquifer: _____
Well #: A-15
L. S. Elevation: _____
E-log #: _____

County: OKTIBBEHA
Permit #: GW 16063
Driller: PARKS + PARKS WELL SERVICE
Date drilling completed: 1-17-2007

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>DOUBLE SPRINGS WATER ASSN</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 521</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>MAIBEN</u> MS <u>39750</u>	_____ 1/4 _____ 1/4 Sec <u>20</u> Twn <u>19N</u> Rng <u>12E</u>
City State Zip Code	Distance Direction Nearest Town <u>4</u> Miles <u>S</u> of <u>MAIBEN</u>
Telephone No. (____)	

Well / Borehole Data

Date drilling started: 6-1-2006 Date drilling completed: 1-17-2007 Hole depth: 2309 Hole diameter: 17 1/2
Location of the source of any surface water used for drilling: DOUBLE SPRINGS WATER ASSN
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): MSG5
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: 446 feet above or below (circle one) land surface Date measured: 1-24-2007
Method of Measurement (circle one) steel tape ~~electric tape~~ air line other: _____
Well depth: 2250 Well grouted to a depth of 2185 feet Type of grout (circle one) ~~Neat Cement~~ Bentonite Mix
Casing length: 2185 feet Casing diameter: 12 inches Type of casing: STEEL
Screen length: 60 feet Screen diameter: 6 inches Type of screen: SS
Screen slot size: .020 inches Setting depth: From 2190 feet to 2250 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: 2130 feet. **If telescoped or more than one screen, describe on next page**

Form: OLWR-SWR-1A

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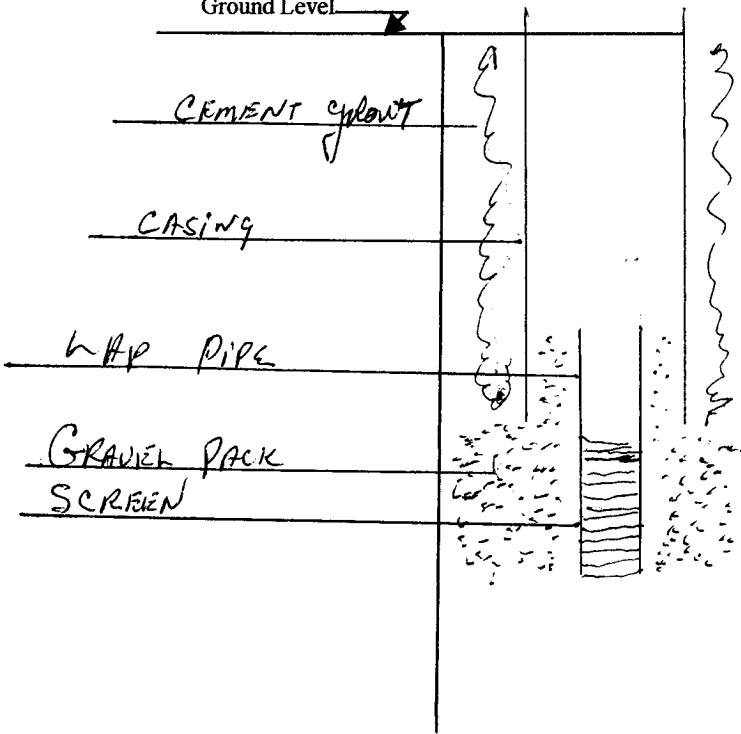
The sketch below only required for water wells

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

A-15

If well telescopes, show depths on sketch

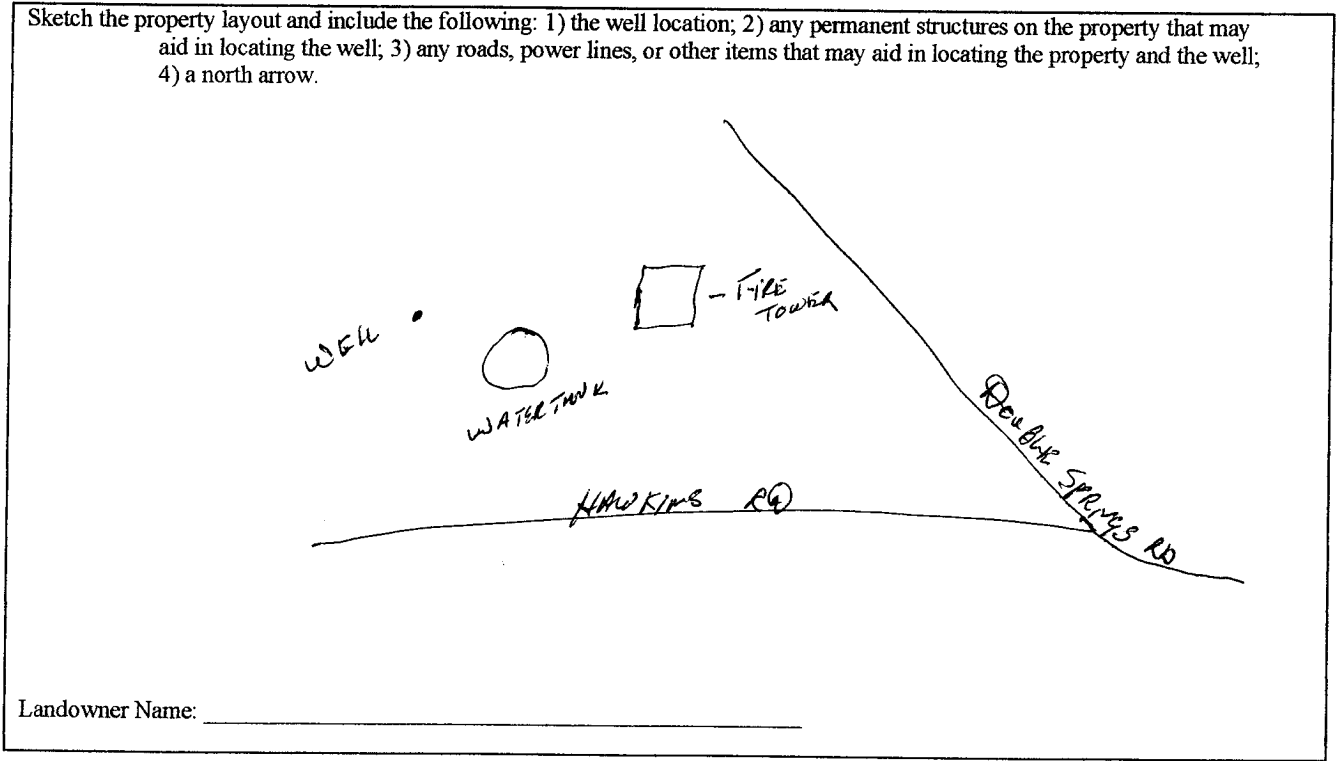
Ground Level



Description of Formations Encountered	From (depth)	To (depth)
RED SAND	Ground Level	105
CLAY	105	700
FINE SAND	700	860
SAND CLAY SHELL	860	955
CLAY	955	1455
SAND	1455	1535
SAND - CLAY	1535	1620
CLAY	1620	1705
SAND - CLAY	1705	1900
CLAY	1900	1940
SAND	1940	1970
CLAY	1970	2000
SAND	2000	2020
CLAY	2020	2075
SAND	2075	2180
GRAVEL - SAND	2180	2265
CLAY	2265	2317

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.

Ryan Parks 0-114 1/16/07
Print Name of Responsible Licensee and License No. Date

Ryan Parks
Signature of Licensee

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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)

County: OK Tibbaha
 Permit #: _____
 Driller: Parks & Parks
 Date completed: 6/07/07
Copy information from block on Part 1.

For Office Use Only:
 Aquifer: _____
 Well #: A-15
 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>Double Springs Water Assn</u>	Latitude: _____ Longitude: _____
Mailing Address: _____ <u>P.O. Box 521</u> <u>Maben MS 39280</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec <u>20</u> T <u>19N</u> R <u>12E</u>
Telephone No. (____) _____	Distance Direction Nearest Town <u>4</u> Miles <u>S</u> of <u>Maben</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>50</u>
Date Pump Installed: <u>5/6/07</u>	Setting Depth: <u>504</u> feet
Rated Pump Capacity: <u>250</u> Gallons Per Minute	Number of Stages: <u>13</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6/07/07</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>446</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>448</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>448</u> Feet Below Land Surface	Well yielded <u>32.41</u> GPM with a drawdown of _____ feet after <u>25</u> hours of pumping
Test Pumping Rate: <u>312</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>25</u> hours	

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

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

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 Form: OLWR-SWR-16

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