

Well Driller Report and Well Log

County: OKTIBBEHA
 Permit #: MS-GW-15998
 Driller: PARKS + PARKS WATER WELL SERVICE
 Date drilling completed: 11-04-04

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)

Aquifer: _____
 Well #: F-34
 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>NEW LIGHT WATER ASSN.</u>	Latitude: <u>33° 26' 24N</u> Longitude: <u>88° 56' 15W</u>
Mailing Address: <u>P.O. Box 1367</u>	Method of Lat/Long (circle one): Conventional Survey, <u>USGS quad</u> , Hand-held GPS, Survey-grade GPS
<u>STARKVILLE</u> MS <u>39760</u>	<u>1/4</u> <u>1/4</u> Sec <u>9</u> Twn <u>18N</u> Rng <u>13E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 324-0452</u>	<u>5</u> Miles <u>WNW</u> of <u>STARKVILLE</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: DEC 03 Date well drilling completed: NOV 04

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 171.65 feet above or below (circle one) land surface Date measured: 11-4-04

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

Hole depth: 1805 Well depth: 1775 Well grouted to a depth of 1690 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 1680 feet Casing diameter: 10 inches Type of casing: STEEL

Screen length: 80 feet Screen diameter: 6 inches Type of screen: STAINLESS STEEL

Screen slot size: .030 inches Setting depth: From 1695 feet to 1775 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: 1635 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 0-414
 Print Name of Water Well Contractor and License No.

Rayburn Parks
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

For Office Use Only:

Aquifer: _____

Well #: F-34

Elevation: _____

County: OKTIBBEHA

Permit #: _____

Driller: PARKS & PARKS WATER WELL SERVICE

Date completed: 11-14-04

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
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(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	Well Location
Owner Name: <u>NEW LIGHT WATER ASSOCIATION</u>	Latitude: <u>33 26 24 N</u> Longitude: <u>88 56 15 W</u>
Mailing Address: <u>P.O. Box 1367</u>	Method of Lat/Long (circle one): Conventional Survey, <u>USGS quad</u> , Hand-held GPS, Survey-grade GPS
<u>STARKVILLE MS 39760</u>	<u>1/4 1/4 Sec 9 Twn 18N Rng 13E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 327-0452</u>	<u>5 Miles WNW of STARKVILLE</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine <u>Electric Motor</u>	Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: _____	Setting Depth: <u>252</u> feet
Rated Pump Capacity: <u>300</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-4-04</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>171.65</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>185.60</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>13.95</u> Feet Below Land Surface	Well yielded <u>300</u> GPM with a drawdown of
Test Pumping Rate: <u>300</u> Gallons Per Minute	<u>13.95</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 Rayburn Parks
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer