

County: OKTibbecha  
 Permit #: MS-6W-10476  
 Driller: PARKS & PARKS  
 Date drilling completed: 2/6/09

### State Well Report

#### Part 1 - Driller's Log

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2307  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: G-107  
 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.*

<p><b>Information on Well Owner</b>  <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>OKToc WATER ASSOCIATION</u>        Mailing Address: <u>2740 OKToc ROAD</u>  <u>STARKVILLE, MS 39255</u></p> <p>City _____ State _____ Zip Code _____</p> <p>Telephone No. (____) _____</p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>33° 23' 47"</u> Longitude: <u>88° 46' 37" W</u></p> <p>Method of Lat/Long (circle one): Conventional Survey, _____        USGS quad, Hand-held GPS, Survey-grade GPS</p> <p><u>SE</u> <u>NE</u>  <del>SW</del> <del>NW</del> 1/4 Sec <u>25</u> Twn <u>18N</u> Rng <u>14E</u></p> <p>Distance _____ Direction _____ Nearest Town, _____  <u>3</u> Miles <u>SE</u> of <u>STARKVILLE</u></p>
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**Well / Borehole Data**

Date drilling started: 10/5/08 Date drilling completed: 2/6/09 Hole depth: 1400 Hole diameter: 10x6

Location of the source of any surface water used for drilling: \_\_\_\_\_  
 Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

Logs run (circle all applicable): No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_  
 Name of organization running log(s): MDEQ

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: 200 feet above or below (circle one) land surface Date measured: 2/11/09

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

Well depth: 1400 Well grouted to a depth of 1320 feet Type of grout (circle one): Neat Cement  Bentonite  Mix \_\_\_\_\_

Casing length: 1320 feet Casing diameter: 10 inches Type of casing: Steel

Screen length: 70 feet Screen diameter: 6 inches Type of screen: STAINLESS STEEL

Screen slot-size: .020 inches Setting depth: From 1330 feet to 1400 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: 1260 feet. *If telescoped or more than one screen, describe on next page*

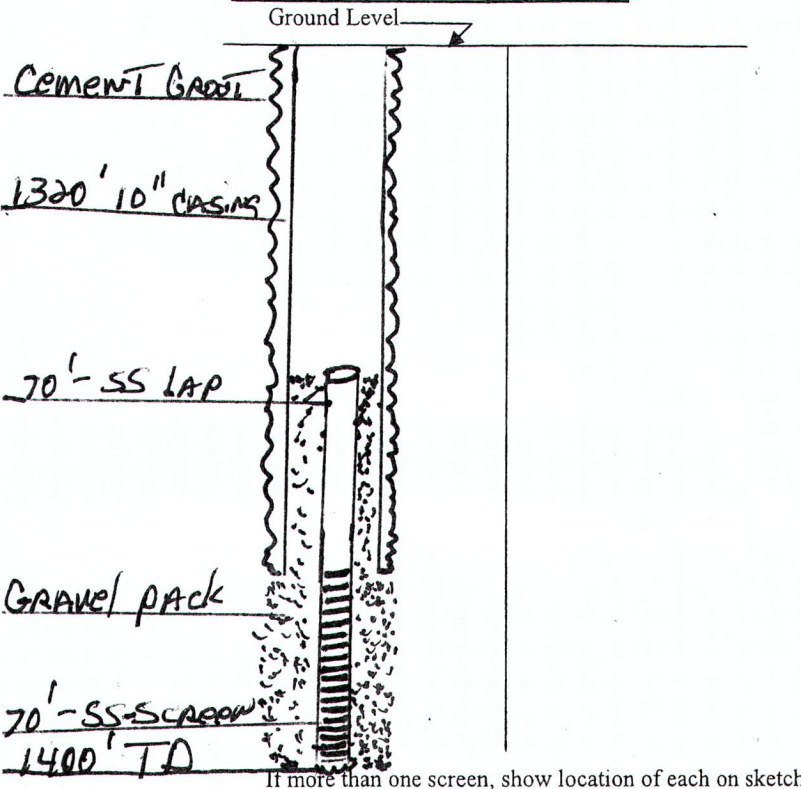
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**MAR 05 2009**  
**BY: OLWR**

G-107

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

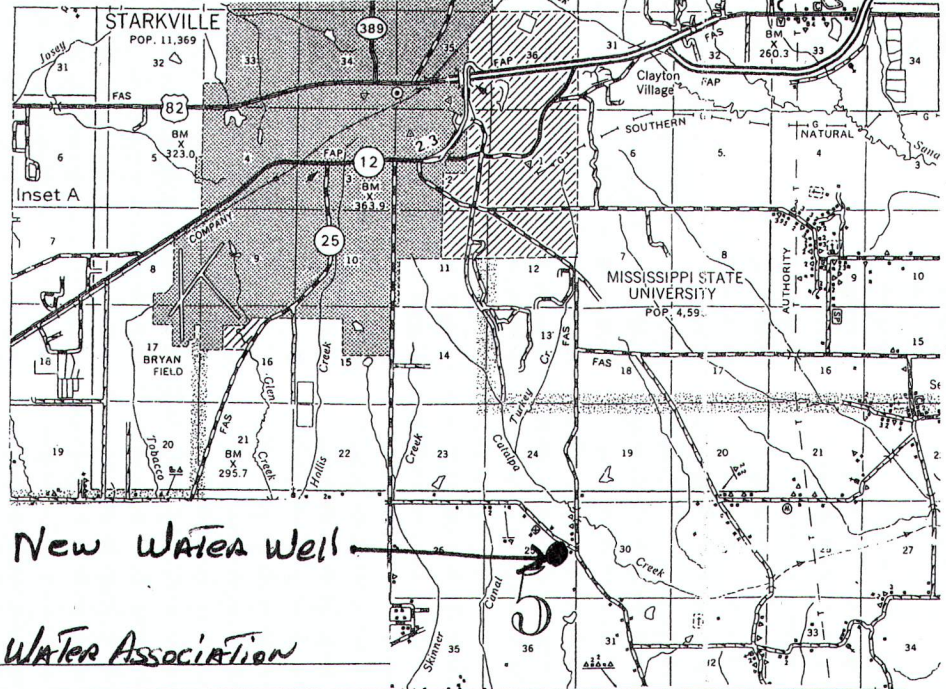
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Clay	0	34
Lime Stone	34	302
Clay	302	455
Clay & Sand	455	1034
Clay & Shell	1034	1127
Clay & Shell + Gravel	1127	1809
Gravel	1809	1400

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: OKTAC Water Association

Form: OLWR-SWR-1A (04/08)

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

Print Name of Responsible Licensee and License No.

3/4/09

Date

Rayburn Parks

Signature of Licensee

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MAR 05 2009

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 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: G-107  
 Elevation: \_\_\_\_\_

County: OKTIBBEHA  
 Permit #: \_\_\_\_\_  
 Driller: Parks & Parks  
 Date completed: 2/6/09  
*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>OKTIC WATER ASSOCIATION</u>	Latitude: <u>33 2346N</u> Longitude: <u>88 4637W</u>
Mailing Address: <u>2740 OKTIC ROAD</u> <u>STARKVILLE, MS 39259</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec <u>2S</u> T <u>18N</u> R <u>14E</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. (____) _____	<u>3</u> Miles <u>SE</u> of <u>STARKVILLE</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>40</u>
Date Pump Installed: <u>3/2/09</u>	Setting Depth: <u>270</u> feet
Rated Pump Capacity: <u>300</u> Gallons Per Minute	Number of Stages: <u>7</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2/12/09</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>200</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>215</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>15</u> Feet Below Land Surface	Well yielded <u>300</u> GPM with a drawdown of
Test Pumping Rate: <u>302</u> Gallons Per Minute	<u>15</u> feet after <u>24</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

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

<p><u>Rayburn Parks 0-414</u>                  Print Name of Pump Installer and License No. (if applicable)</p>	<p style="text-align: right;"><b>RECEIVED</b>  <u>Rayburn Parks</u>                  Signature of Pump Installer                  MAR 05 2009</p>
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Form: OLR/SWR/B/W/09 **BY: OLWR**