

County: OKTIBBAHA  
 Permit #: GW16980  
 Driller: PARKS & PARKS  
 Date drilling completed: 10/26/12

**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 #: 6109  
 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>OKTIC WATER ASSN</u>	Latitude: <u>33° 22' 33"</u> Longitude: <u>88° 47' 49"</u>
Mailing Address: <u>P.O. Box 304</u> <u>Starkville, MS</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>14E</u>
City _____ State _____ Zip Code _____	<u>SE 1/4 SE 1/4 Sec 35 Twn 18N Rng 14W</u>
Telephone No. <u>(662) 418-3438</u>	Distance _____ Direction _____ Nearest Town _____ <u>4</u> Miles <u>SOUTH</u> of <u>STARKVILLE</u>

**Well / Borehole Data**

Date drilling started: 9/1 Date drilling completed: 10/26 Hole depth: 1490 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: SPM

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

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: 2/9 feet above or below (circle one) land surface Date measured: 11/3/12

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

Well depth: 1490 Well grouted to a depth of 1370 feet Type of grout (circle one)  Neat Cement  Bentonite  Mix

Casing length: 1370 feet Casing diameter: 10 inches Type of casing: Steel

Screen length: 60 feet Screen diameter: 6 inches Type of screen: Stainless Steel

Screen slot size: .030 inches Setting depth: From 1375 feet to 1435 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: 1310 feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A (04/08)  
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 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: OKTIBBEHA  
 Permit #: \_\_\_\_\_  
 Driller: Parks & Parks  
 Date completed: 10/26/12  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: G109  
 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>OKTOC WATER ASSN</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 304</u> <u>Starkville, MS</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SE 1/4 SE 1/4 Sec 35 T 18N R 14W</u>
Telephone No. ( <u>662</u> ) <u>418-3438</u>	Distance _____ Direction _____ Nearest Town _____ <u>4</u> Miles <u>South</u> of <u>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>20</u>
Date Pump Installed: <u>11/2/12</u>	Setting Depth: <u>336</u> feet
Rated Pump Capacity: <u>200</u> Gallons Per Minute	Number of Stages: <u>6</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11/5/12</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>219</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>286</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>67</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>200</u> Gallons Per Minute	
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 0414                      Rayburn Parks  
 Print Name of Pump Installer and License No. (if applicable)                      Signature of Pump Installer

**RECEIVED**  
 Form OLWR-LWR-1B  
 NOV 30 2012

**BY: OLWR**