

# 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 #: H-31  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: PONTOTOC  
Permit #: GW 16242  
Driller: PARKS + PARKS WELL SERVICE  
Date drilling completed: 5-9-2006

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>EAST PONTOTOC WATER ASSN.</u>	Latitude: <u>34° 14' 33N</u> Longitude: <u>88° 53' 09W</u>
Mailing Address: <u>P.O. BOX 1029</u>	Method of Lat/Long (circle one): Conventional Survey, _____ USGS quad, <u>Hand-held GPS</u> Survey-grade GPS _____
<u>PONTOTOC</u> MS <u>38863</u>	____ 1/4 ____ 1/4 Sec <u>4</u> Twn <u>105</u> Rng <u>4E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (____) _____	<u>5</u> Miles <u>EAST</u> of <u>PONTOTOC</u>

**Well / Borehole Data**

Date drilling started: 3/1/2006 Date drilling completed: 5-9-2006 Hole depth: 1120 Hole diameter: 17 1/2

Location of the source of any surface water used for drilling: EAST PONTOTOC 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): MSGS

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: 246.5 feet above or below (circle one) land surface Date measured: 5-12-2006

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

Well depth: 910 Well grouted to a depth of 795 feet Type of grout (circle one): Neat Cement  Bentonite Mix

Casing length: 795 feet Casing diameter: 12 inches Type of casing: STEEL

Screen length: 100 feet Screen diameter: 8 inches Type of screen: STAINLESS STEEL

Screen slot size: .016 inches Setting depth: From 810 feet to 910 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: 750 feet **If telescoped or more than one screen, describe on next page**

Form: OLWR-SWR-1A

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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)

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: H-31  
 Elevation: \_\_\_\_\_

County: PONTOTOC  
 Permit #: GW 110242  
 Driller: RAYBURN PARKS WELL SERVICE  
 Date completed: 1-14-2007  
*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>EAST PONTOTOC WATER ASSN.</u>	Latitude: <u>34 14 33</u> Longitude: <u>88 53 09</u>
Mailing Address: <u>P.O. Box 1029</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Pontotoc</u> <u>MS</u> <u>38865</u>	USGS quad _____, <u>Hand-held GPS</u> , Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>4</u> T <u>10 S</u> R <u>4 E</u>
Telephone No. (____) _____	Distance Direction Nearest Town
	_____ Miles _____ of _____

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>50</u>
Date Pump Installed: <u>7-12-2006</u>	Setting Depth: <u>380</u> feet
Rated Pump Capacity: <u>300</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-11-2007</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>246.5</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>347.25</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>100.75</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of
Test Pumping Rate: <u>302</u> Gallons Per Minute	_____ feet after _____ 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  
 Print Name of Pump Installer and License No. (if applicable)

Rayburn Parks  
 Signature of Pump Installer

Form OLWR-100  
**RECEIVED**  
 FEB 16 2007  
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