

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)

County: RANKIN
Permit #: GW 16259
Driller: PAKS+PAKS WELL SERVICE
Date drilling completed: 1/19/07

For Office Use Only:
Aquifer: _____
Well #: Q-63
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>CITY OF RICHLAND</u>	Latitude: <u>32° 12' 22"</u> Longitude: <u>90° 08' 50"</u>
Mailing Address: <u>PO Box 180509</u>	Method of Lat/Long (circle one): Conventional Survey, _____ USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Richland</u> MS <u>39218</u>	____ 1/4 ____ 1/4 Sec <u>12</u> Twn <u>4N</u> Rng <u>1E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (____) _____	____ Miles ____ of _____
Well / Borehole Data	
Date drilling started: <u>8-29-2006</u> Date drilling completed: <u>1/19/07</u> Hole depth: <u>1457</u> Hole diameter: <u>22</u>	
Location of the source of any surface water used for drilling: <u>CITY OF RICHLAND</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>5 ppm</u>	
Logs run (circle all applicable): No log run <u>Electric</u> <u>Gamma Rays</u> <u>Density</u> Sonic Neutron Other: _____	
Name of organization running log(s): <u>MSGS</u>	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Irrigation _____ Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>29.5</u> feet above or below (circle one) land surface Date measured: <u>1-12-2007</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	
Well depth: <u>1385</u> Well grouted to a depth of <u>1260</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix	
Casing length: <u>1260</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>STEEL</u>	
Screen length: <u>120</u> feet Screen diameter: <u>10</u> inches Type of screen: <u>S.S.</u>	
Screen slot size: <u>1.020</u> inches Setting depth: From <u>1265</u> feet to <u>1385</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> <u>Underreamed</u> Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>1145</u> feet. If telescoped or more than one screen, describe on next page	

Form: OLWR-SWR-1A

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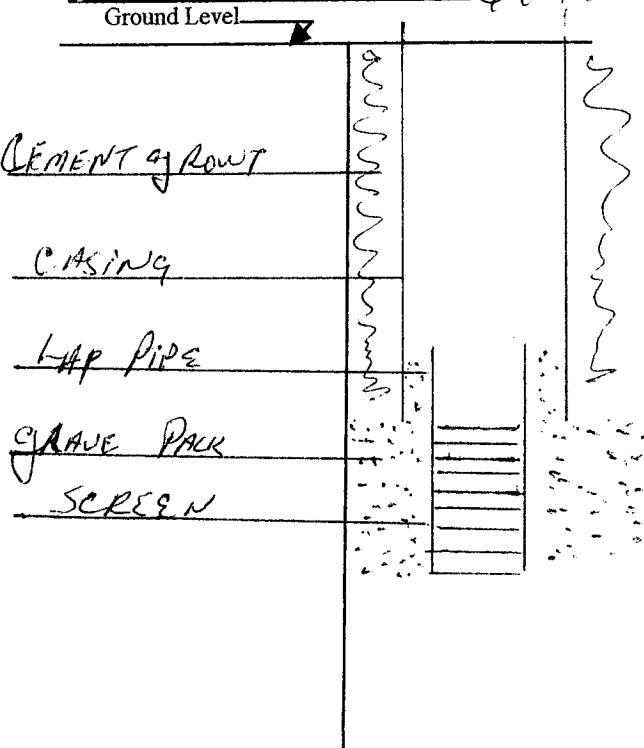
Q-63

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.

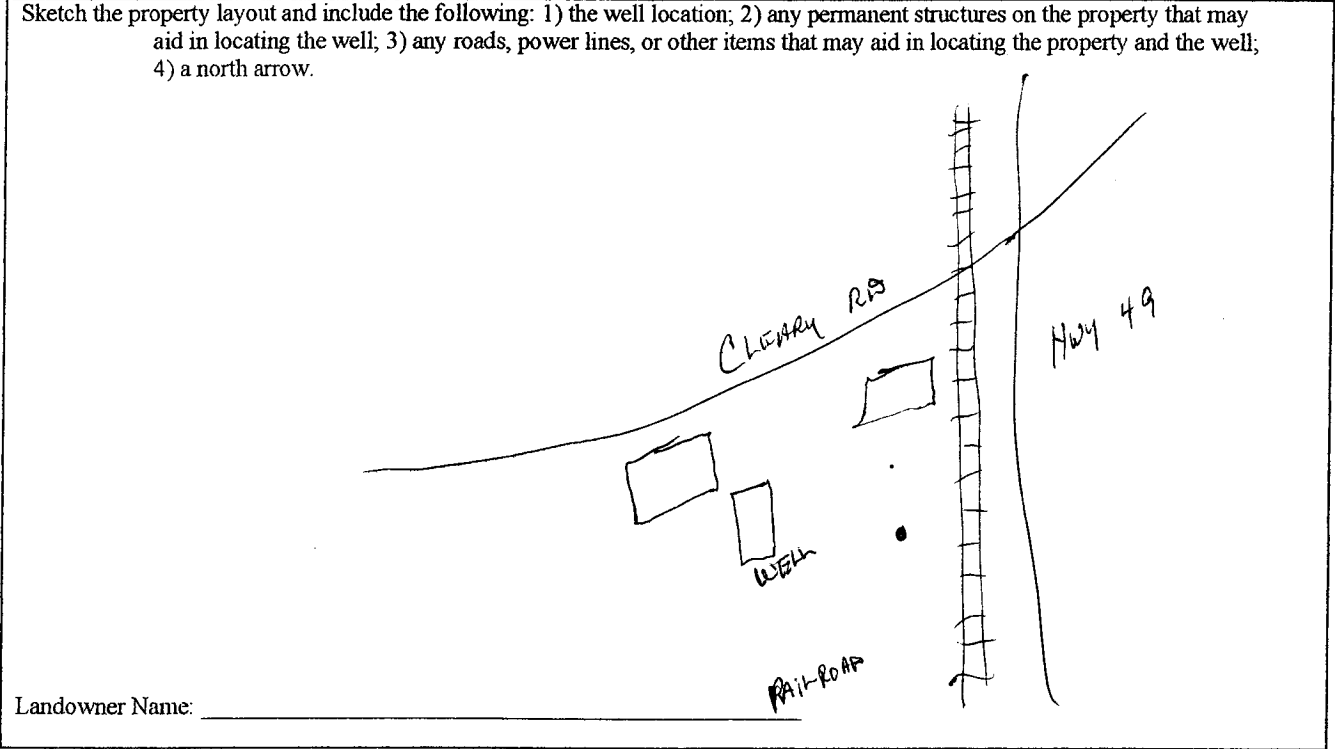
GLW16259



Description of Formations Encountered	From (depth)	To (depth)
TOP SOIL	Ground Level	3
CLAY	30	32
SAND	32	175
CLAY	175	530
SAND + CLAY	530	600
CLAY	600	680
SAND	680	815
CLAY	815	980
SAND + CLAY	980	1120
CLAY	1120	1230
SAND	1230	1405
CLAY + SAND	1405	1457

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.

Rayburn Parks
Print Name of Responsible Licensee and License No.

1/19/07
Date

Rayburn 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)

For Office Use Only:

Aquifer: _____

Well #: Q-63

Elevation: _____

County: RANKIN
Permit #: GW 16259
Driller: PARKS + PARKS WELL SERVICE INC.
Date completed: 7-5-2007
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>CITY OF RICHMOND</u>	Latitude: <u>32 12 22</u> Longitude: <u>90 08 50</u>
Mailing Address: <u>P.O. BOX 180309</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/>
<u>RICHMOND</u> <u>MS</u> <u>39218</u>	USGS quad _____, Hand-held GPS <input type="checkbox"/> , Survey-grade GPS <input type="checkbox"/>
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>12</u> T <u>4N</u> R <u>1E</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>250</u>
Date Pump Installed: <u>6-28-2007</u>	Setting Depth: <u>390</u> feet
Rated Pump Capacity: <u>1500</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-5-2007</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>313</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>349</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>36</u> Feet Below Land Surface	Well yielded <u>1500</u> GPM with a drawdown of
Test Pumping Rate: <u>1500</u> Gallons Per Minute	<u>36</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
Print Name of Pump Installer and License No. (if applicable)

Rayburn Parks
Signature of Pump Installer

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PARKS AND PARKS WATER SERVICE
P. O. DRAWER 32
HOUSTON, MS. 38851

Q-63

OWNER: City of Richland	DATE: 7/5/2007
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CITY: Richland	STATE: MS	ZIP:
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WELL #: 5	STATIC: 313	ORIFICE SIZE: 10X8
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OBSERVER: Alan Washington	OBSERVER:
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TIME	MINUTES	PRESSURE	ORIFICE	G.P.M.	WATER LEVEL	REMARKS
10:02	start up				313	
11:02	60	75	23	1500	346	
12:02	120	76	23	1500	347	
1:02	180	76	23	1500	348	
2:02	240	76	23	1500	349	

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PARKS AND PARKS WATER SERVICE
P. O. DRAWER 32
HOUSTON, MS. 38851

Q-63

OWNER: City of Richland			DATE: 7/5/2007		
CITY: Richland			STATE: MS		ZIP:
WELL #: 5		STATIC: 313		ORIFICE SIZE: 10X8	
OBSERVER: Alan Washington			OBSERVER:		

PAGE		OF				
TIME	MINUTES	PRESSURE	ORIFICE	G.P.M.	WATER LEVEL	REMARKS
	step test	0	36	1865	355	
		10	35	1837	356	
		20	33.5	1795	355	
		30	32	1753	355	
		40	29	1669	353	
		50	28	1641	352	
		60	26	1585	351	
		70	24	1529	350	
		80	22.5	1486	348	
		90	20	1404	347	
		100	18.5	1350	346	
		110	15	1230	344	
		120	11	1080	342	
		130	9	992	339	
		140	8	935	336	
		150	6	825		
		170	shut off			

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