

County: TATE
 Permit #: MS-6W-46549
 Driller: Parks & Parks
 Date drilling completed: 12/5/08

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)

0690018-03
 For Office Use Only:
 Aquifer: _____
 Well #: H-16A
 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>TATE County Schools</u>	Latitude: <u>34° 40' 05N</u> Longitude: <u>89° 48' 36W</u>
Mailing Address: <u>107 COURT ST</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>SENATOBIA MS 38668</u> City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS <u>NW 1/4 SW 1/4 Sec 11 Twn 5S Rng 6W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>1 Miles South of INDEPENDENCE</u>

Well / Borehole Data

Date drilling started: 10/15/08 Date drilling completed: 12/5/08 Hole depth: 955 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: SAPM

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): STATE GEOLOGICAL SURVEY

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: 164 feet above or below (circle one) land surface Date measured: 12/16/08

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

Well depth: 955 Well grouted to a depth of 930 feet Type of grout (circle one) Neat Cement _____ Bentonite _____ Mix _____

Casing length: 930 feet Casing diameter: 10 inches Type of casing: Steel

Screen length: 30 feet Screen diameter: 6 inches Type of screen: STAINLESS STEEL

Screen slot size: .020 inches Setting depth: From 925 feet to 955 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: 865 feet. *If telescoped or more than one screen, describe on next page*

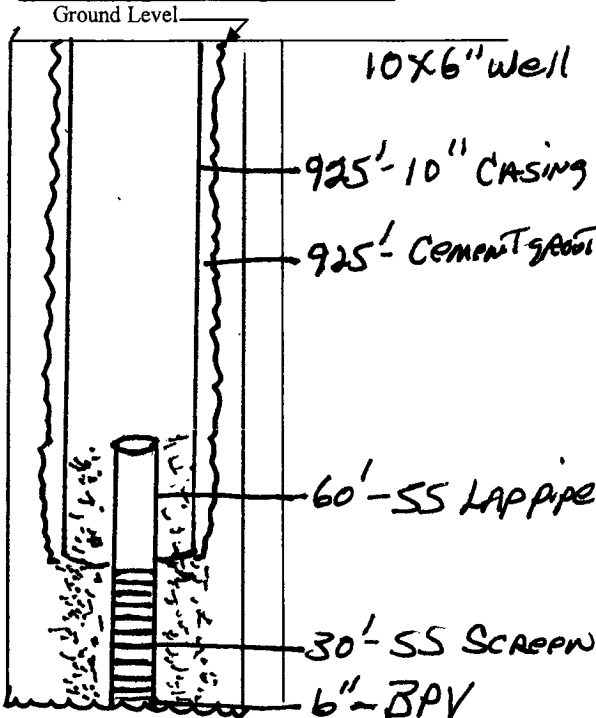
Form: OLWR-SWR-1A (04/08)

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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

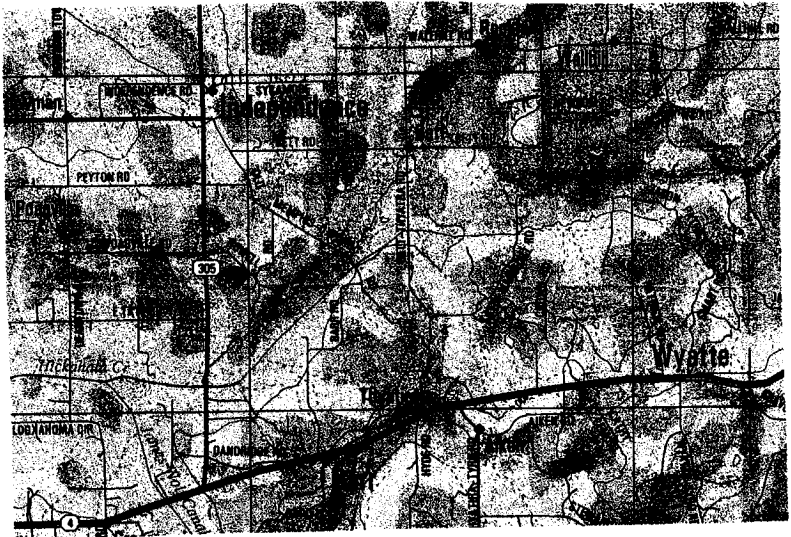
If well telescopes, show depths on sketch.



If more than one screen, show location of each on sketch

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Sand	0	60
Gravel + sand	60	150
Sand + clay	150	275
Sand plus clay	275	478
SAND + gravel	478	554
clay shell sand	554	960
SAND	960	960
clay + sand	960	1206
hard rock	1206	1359

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: TATE COUNTY Schools

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 Park 0-414
 Print Name of Responsible Licensee and License No. Date

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

County: TATE
 Permit #: _____
 Driller: Parks & Parks
 Date completed: 12/5/08
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: H-16A
 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>TATE County schools</u>	Latitude: <u>344005N</u> Longitude: <u>894836W</u>
Mailing Address: <u>107 COURT ST</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>SENATOBIA MS 38668</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 SW 1/4 Sec 11 T55 R 6W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>1</u> Miles <u>South</u> of <u>INDEPENDENCE</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>20</u>
Date Pump Installed: <u>11/22/08</u>	Setting Depth: <u>231</u> feet
Rated Pump Capacity: <u>150</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12/15/08</u>	Air Line <input type="radio"/> <input checked="" type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>164</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>192.5</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>28.50</u> Feet Below Land Surface	Well yielded <u>150</u> GPM with a drawdown of
Test Pumping Rate: <u>150</u> Gallons Per Minute	<u>28.50</u> feet after <u>8</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>8</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) Signature of Pump Installer

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

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