

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 #: M-34
 L. S. Elevation: _____
 E-log #: _____

County: Webster
 Permit #: MS-GW-16094
 Driller: Parks & Parks
 Date drilling completed: 2/11/05

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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>TOMMOLAN WATER ASSO</u>	Latitude: <u>33° 29' 39N</u> Longitude: <u>89° 20' 59W</u>
Mailing Address: <u>642 GARDENSBORO RD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>EUPORA</u> MS <u>39744</u> City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>21</u> Twn <u>19N</u> Rng <u>9E</u>
Telephone No. () _____	Distance Direction Nearest Town <u>4</u> Miles <u>W</u> of <u>EUPORA</u>

Well / Borehole Data

Date drilling started: July 16, 04 Date drilling completed: 2/11/05 Hole depth: 370 Hole diameter: 12" x 8"

Location of the source of any surface water used for drilling: _____
 Method of dosing and volume of Chlorine used in drilling and development: 5PPM

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

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: 68 feet above or below (circle one) land surface Date measured: 10/27/04
 Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 370 Well grouted to a depth of 320 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 295 feet Casing diameter: 12 inches Type of casing: STEEL
 Screen length: 70 feet Screen diameter: 8 inches Type of screen: STAINLESS STEEL
 Screen slot size: .020 inches Setting depth: From 295 feet to 370 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: 245 feet. *If telescoped or more than one screen, describe on next page*

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

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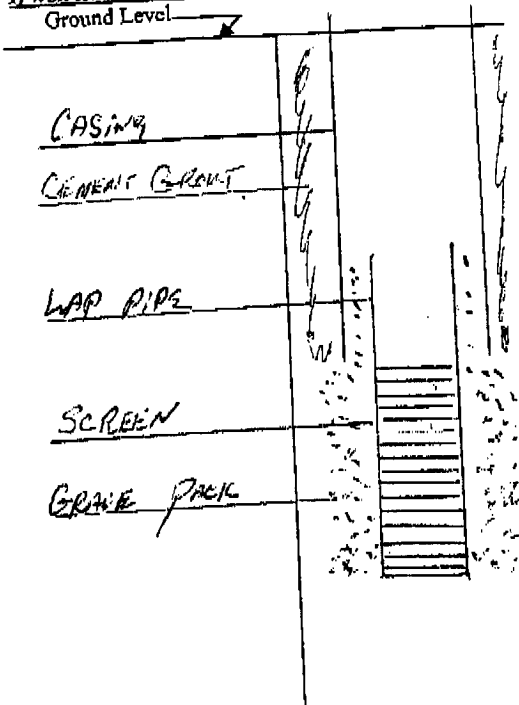
JAN 12 2009

BY: OLWR

M-34

The sketch below only required for water wells

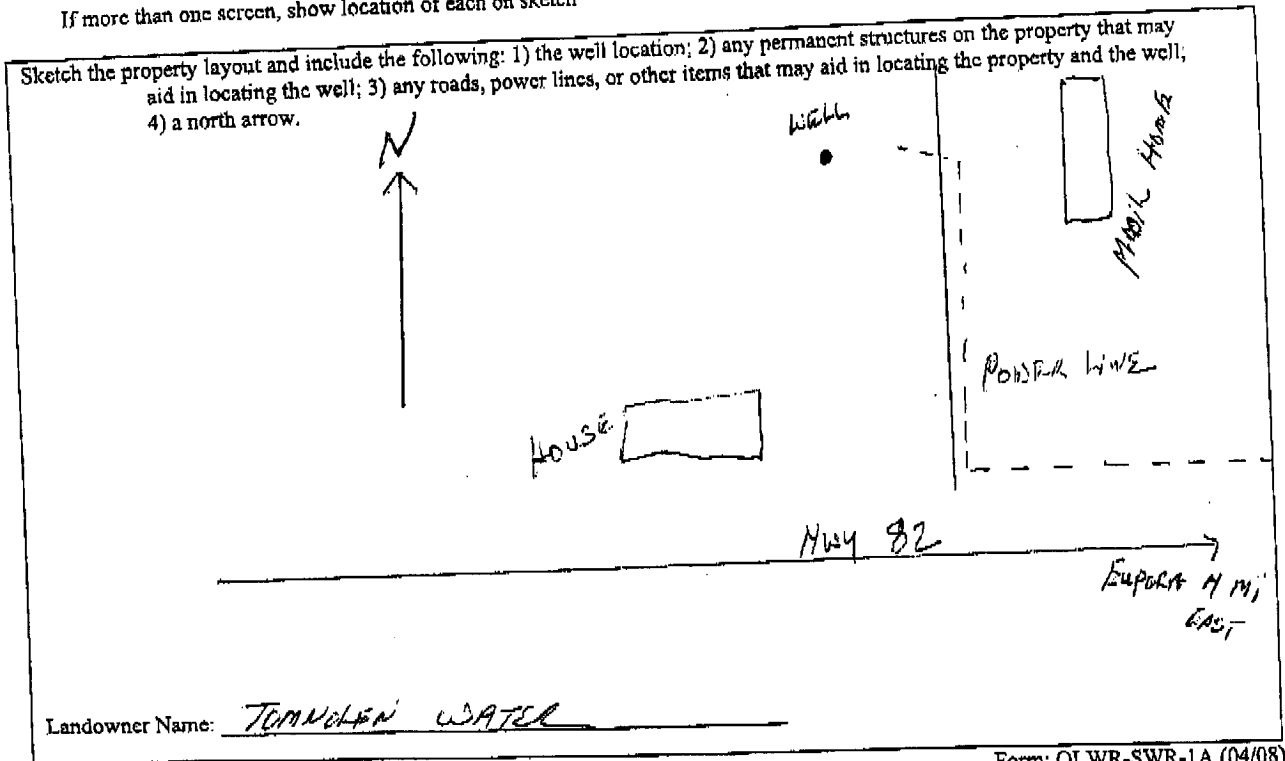
If well telescopes, show depths on sketch



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	48
CLAY + SAND	48	105
CLAY	105	120
SAND	120	150
CLAY	150	210
CLAY + SAND	210	275
SAND	275	295
CLAY	295	320
SAND	320	335
CLAY	335	370
SAND	370	380
CLAY		

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



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

2/28/05
Date

Rayburn Parks
Signature of Licensee

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

For Office Use Only:

Aquifer: _____
 Well #: M-34
 Elevation: _____

County: Webster
 Permit #: _____
 Driller: Parks & Parks
 Date completed: 2/11/05
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>Joan Nolan Water Assn</u>	Latitude: <u>33 29.39 N</u> Longitude: <u>89 10.59 W</u>
Mailing Address: <u>642 Greenboro Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Eupora, MS 39744</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec <u>21</u> T <u>19 N</u> R <u>9 E</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	<u>4</u> Miles <u>W</u> of <u>Eupora</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>25</u>
Date Pump Installed: <u>Jan 5, 2005</u>	Setting Depth: <u>130</u> feet
Rated Pump Capacity: <u>250</u> Gallons Per Minute	Number of Stages: <u>5</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2/11/05</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>68</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>76</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>8</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>250</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 0-414
 Print Name of Pump Installer and License No. (if applicable)

Rayburn Parks
 Signature of Pump Installer

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