

Well Driller Report and Well Log

County: WINSTON 199
 Permit #: _____
 Driller: _____
 Date drilling completed: 10-2-04

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)

Aquifer: _____
 Well #: 0-35
 L. S. Elevation: _____
 E-log #: _____

Parks and Parks Water Well Services Inc

Part 2 never received 4/13

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>CHARLES WINKES</u>	Latitude: <u>33° 00' 48.5"</u> Longitude: <u>88° 08' 29.6"</u>
Mailing Address: _____ <u>3722 YARBROUGH-CARTER RD.</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>NOXAPETER</u> MS <u>39346</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NW</u> 1/4 NE 1/4 Sec <u>3</u> Twn <u>13N</u> Rng <u>11E</u>
Telephone No. () _____	Distance Direction Nearest Town <u>5</u> Miles <u>NW</u> of <u>NOXAPETER</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other CHICKEN HOUSES

Date well drilling started: 10/2/04 Date well drilling completed: 10/2/04

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 220 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 650 Well depth: 627 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 567 feet Casing diameter: 4 inches Type of casing: STEEL

Screen length: 60 feet Screen diameter: 4 inches Type of screen: STAINLESS STEEL

Screen slot size: .012 inches Setting depth: From 567 feet to 627 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: _____ feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

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 BY: OLWR

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Rayburn Parks 0-414
 Print Name of Water Well Contractor and License No.

Rayburn Parks
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

