

County: ALCORN
 Permit #: GW-16876
 Driller: PARKS & PARKS
 Date drilling completed: 2/14/12

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 #: A24
 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) Owner Name: <u>Kossuth Water Assn</u> Mailing Address: <u>10 CR113</u> <u>CORINTH, MS 38834</u> City State Zip Code Telephone No. <u>(662) 287-4310</u>		Well or Borehole Location <u>34-57-08</u> <u>88-44-13</u> Latitude: <u>34° 45' 23.2"</u> Longitude: <u>88° 7' 36.963"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>N 1/4 SE 1/4 Sec 35 Twn 1S Rng 5E</u> Distance Direction Nearest Town <u>10</u> Miles <u>W</u> of <u>CORINTH</u>
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Well / Borehole Data

Date drilling started: 12/14 Date drilling completed: 2/14 Hole depth: 885 Hole diameter: 16x10

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

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

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: 352 feet above or below (circle one) land surface Date measured: _____

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

Well depth: 885 Well grouted to a depth of 770 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 770 feet Casing diameter: 16 inches Type of casing: Steel

Screen length: 100 feet Screen diameter: 10 inches Type of screen: STAINLESS STEEL

Screen slot size: .016 inches Setting depth: From 775 feet to 875 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: 715 feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

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BY: OLWR

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 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: A24

Elevation: _____

County: ALCOON
Permit #: GW16876
Driller: Parks & Parks
Date completed: 2/14

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

Owner Name: Kossuth W.A.

Mailing Address: 10 CR 113

CORINTH, MS 38834

City State Zip Code

Telephone No. (662) 287-4310

Well Location

34-57-08 88-44-13
Latitude: 34 952210 Longitude: 88 736951

Method of Lat/Long (check one): Conventional Survey _____

USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____

_____ 1/4 _____ 1/4 Sec _____ T _____ R _____

Distance Direction Nearest Town

10 Miles W of CORINTH

Pump Type

Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 3/12/12

Rated Pump Capacity: 500 Gallons Per Minute

Power Type

Circle one

Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
Windmill Other (specify): _____

Horse Power Rating of Motor: 125

Setting Depth: 520 feet

Number of Stages: 8

Pump Test Data

Date Well Tested: _____

Static Water Level (A): 352 Feet Below Land Surface

Pumping Water Level (B): 478 Feet Below Land Surface

Drawdown [(B) - (A)]: _____ Feet Below Land Surface

Test Pumping Rate: 500 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): 8 hours

Method of Measuring Water Level

Circle one

Air Line Electric Measuring Line Steel Tape

Other (specify): _____

For flowing well, measured shut in head: _____ feet

Well yielded _____ GPM with a drawdown of
_____ feet after _____ hours of pumping

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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Form: OLWR-SWR-1B

MAR 19 2012

BY: OLWR