

County: ALCORN
 Permit #: _____
 Driller: PARKS & PARKS
 Date drilling completed: 9/2/10

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 #: F0080
 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>KASSUTH W. A.</u>	Latitude: <u>34° 52' 56N</u> Longitude: <u>88° 42' 36W</u>
Mailing Address: <u>10 CR 613</u> <u>CORINTH, MS 38834</u>	Method of Lat/Long (circle one): <u>56</u> Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NW</u> 1/4 <u>SE</u> 1/4 Sec <u>30</u> Twn <u>25</u> Rng <u>6E</u>
Telephone No. <u>(662) 287-4310</u>	Distance: <u>5</u> Miles Direction: <u>NW</u> of Nearest Town: <u>KASSUTH</u>

Well / Borehole Data

Date drilling started: 9/10 Date drilling completed: 9/20 Hole depth: 913 Hole diameter: 7 1/8

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): 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: TEST HOLE #3

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

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

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

Well depth: 913 Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: _____ feet Casing diameter: _____ inches Type of casing: _____

Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____

Screen slot size: _____ inches Setting depth: From _____ feet to _____ feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____

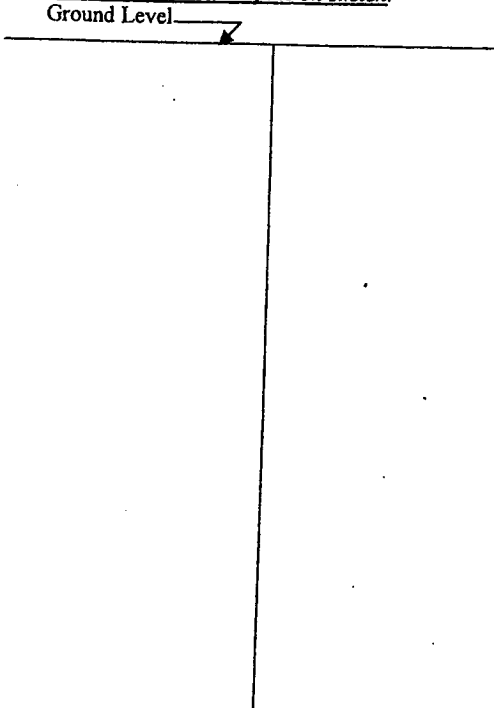
Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

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

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The sketch below only required for water wells

If well telescopes, show depths on sketch.



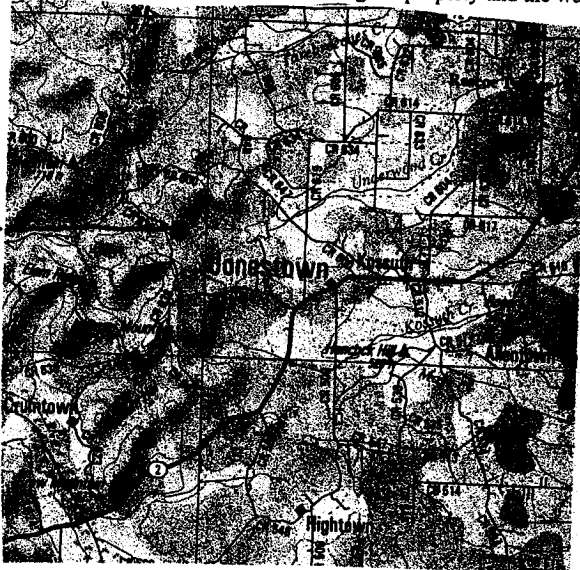
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
SAND	0	132
SAND + ROCK	132	155
CLAY	155	239
SAND	239	321
SAND + CLAY	321	501
CLAY + SAND	501	600
SAND	600	740
CLAY w/ SAND STREAKS	740	913

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.

Test Hole #3 ←



Landowner Name: KASSOIA WATER ASSOCIATION

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 9/20/10
 Print Name of Responsible Licensee and License No. Date

Rayburn Parks
 Signature of Licensee

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