

County: ALCOON
 Permit #: MS-GW-16877
 Driller: PARKS & PARKS
 Date drilling completed: 12/13/11

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 #: F81
 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>KOSSUTH WATER ASSN</u>	Latitude: <u>34° 52' 56N</u> Longitude: <u>88° 42' 36W</u>
Mailing Address: <u>10 CR 113</u> <u>CORINTH, MS 38834</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	<u>SE</u> ¼ <u>NW</u> ¼ Sec <u>30</u> Twn <u>25</u> Rng <u>6E</u>
Telephone No. (<u>662</u>) <u>287-4310</u>	Distance _____ Direction _____ Nearest Town _____ Miles _____ of <u>KOSSUTH</u>

Well / Borehole Data

Date drilling started: 9/1 Date drilling completed: 12/13 Hole depth: 740 Hole diameter: 6 x 10

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

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

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: 324.30 feet above or below (circle one) land surface Date measured: Dec 19, 2011

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

Well depth: 740 Well grouted to a depth of 595 feet Type of grout (circle one): Neat Cement _____ Bentonite _____ Mix _____

Casing length: 595 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 600-630 feet to 650-740 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: 540 feet *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

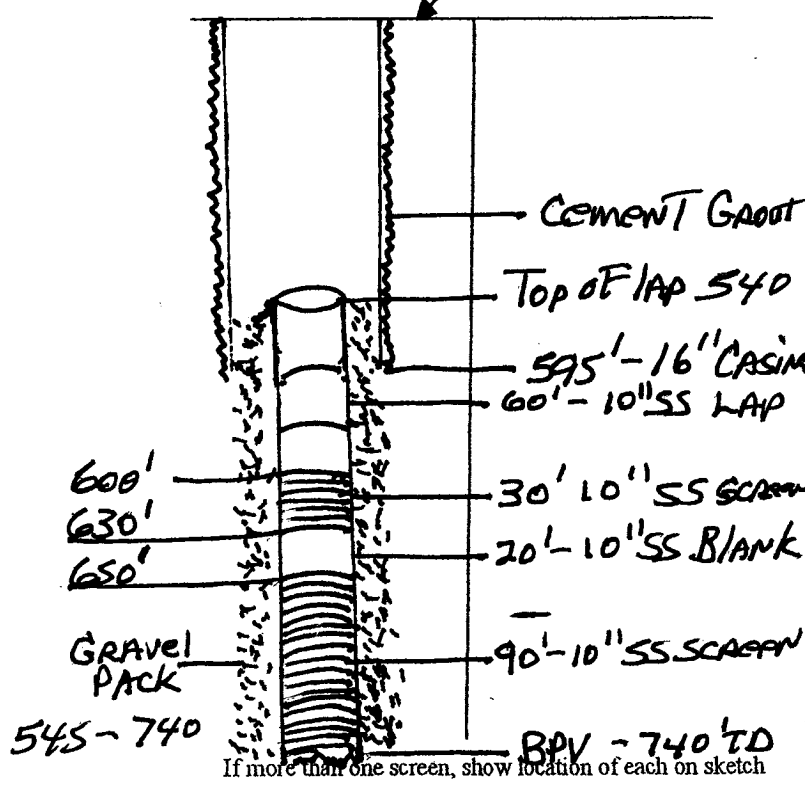
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The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations F81

If well telescopes, show depths on sketch.

Ground Level



Description of Formations Encountered	From (depth)	To (depth)
SAND	0	90
SAND + CLAY	90	150
CLAY + SAND	150	270
CLAY	270	340
SAND + CLAY	340	600
SAND	600	740

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.



Landowner Name: KOSUTH WATER ASSN.

Form: OLWR-SWR-1A

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.

1/7/11
Date

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

County: ALCORN
 Permit #: _____
 Driller: PARKS + PARKS
 Date completed: 12/13/11
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: F81
 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>KOSSUTH WATER ASSN</u>	Latitude: <u>34 52 56N</u> Longitude: <u>88 42 36W</u>
Mailing Address: <u>10 CR 113</u> <u>CORINTH, MS 38834</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ ¼ _____ ¼ Sec _____ T _____ R _____
Telephone No. (<u>662</u>) <u>287-4310</u>	Distance Direction Nearest Town <u>3</u> Miles <u>W</u> of <u>KOSSUTH</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>100</u>
Date Pump Installed: <u>1/12/12</u>	Setting Depth: <u>500</u> feet
Rated Pump Capacity: <u>500</u> Gallons Per Minute	Number of Stages: <u>13</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12/19/11</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>324.30</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>457</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>133</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>400</u> Gallons Per Minute	
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

