

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)

County: Alcorn County
Permit #: GW 16263
Driller: Donald Smith Co.
Date drilling completed: 6/29/07

For Office Use Only:
Aquifer: _____
Well #: H-145
L. S. Elevation: 540'
E-log #: H-0145

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>Alcorn County Board of Supervisors</u> | Latitude: <u>34° 52' 36" N</u> Longitude: <u>88° 25' 45" W</u> |
| Mailing Address: _____ <u>PO Box 69</u> <u>Corinth MS 38835</u> City State Zip Code | Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>NE 1/4 SW 1/4 Sec 26 / Twn 25' Rng 8E</u> |
| Telephone No. () _____ | Distance Direction Nearest Town <u>10 Miles EAST of Corinth, MS</u> <u>Kingford Manufacturing Co.</u> |

Well / Borehole Data

Date drilling started: 4/24/07 Date drilling completed: 6/29/07 Hole depth: _____ Hole diameter: _____

Location of the source of any surface water used for drilling: Public Water Supply
Method of dosing and volume of Chlorine used in drilling and development: Potable water used

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): MS 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: 212' feet above or below (circle one) land surface Date measured: 9/14/07

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

Well depth: 470' Well grouted to a depth of 385' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 385' feet Casing diameter: 10" inches Type of casing: Steel

Screen length: 80' feet Screen diameter: 4" inches Type of screen: SS Wire Wrapped

Screen slot size: .030 inches Setting depth: From 390' feet to 470' 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: 410' feet. *If telescoped or more than one screen, describe on next page*

1950-1951

1950-1951

| Year | Amount | Description |
|------|--------|-------------|
| 1950 | 100.00 | ... |
| 1951 | 200.00 | ... |

...

| Year | Amount | Description |
|------|--------|-------------|
| 1950 | ... | ... |
| 1951 | ... | ... |

...

STATE WELL REPORT

County: Alcorn
 Permit #: GW16263
 Driller: Donald Smith Co.
 Date completed: 9/28/07
Copy information from block on Part 1

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 #: H-195
 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>Alcorn Co Bd of Super.</u> | Latitude: <u>34 52 36</u> Longitude: <u>88 25 45W</u> |
| Mailing Address: <u>PO Box 69</u> | Method of Lat/Long (check one): Conventional Survey _____ |
| <u>Corinth</u> <u>MS</u> <u>38834</u> | USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| City State Zip Code | _____ 1/4 _____ 1/4 Sec <u>26</u> T <u>2S</u> R <u>8E</u> |
| Telephone No. () _____ | Distance Direction Nearest Town |
| | <u>10</u> Miles <u>E</u> of <u>Corinth</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>20</u> |
| Date Pump Installed: <u>08/14/07</u> | Setting Depth: <u>292</u> feet |
| Rated Pump Capacity: <u>125</u> Gallons Per Minute | Number of Stages: <u>10</u> |

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| Pump Test Data | Method of Measuring Water Level Circle one |
|---|---|
| Date Well Tested: <u>9/14/07</u> | Air Line <u>Electric Measuring Line</u> Steel Tape |
| Static Water Level (A): <u>212'</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>221</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>9</u> Feet Below Land Surface | Well yielded <u>125</u> GPM with a drawdown of |
| Test Pumping Rate: <u>150</u> Gallons Per Minute | <u>9</u> feet after <u>8</u> hours of pumping |
| 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.

Donald Smith 0-767 Ronald Smith AL
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer