

# 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:

County: ALCORN  
Permit #: \_\_\_\_\_  
Driller: Parks & Parks  
Date drilling completed: 2/14/2005

Aquifer: \_\_\_\_\_  
Well #: L-60  
L. S. Elevation: 583  
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<br>(Landowner if borehole is not for a water well) | Well or Borehole Location  |
|--|--|
| Owner Name: <u>ALCORN CO WATER TH #1</u>                                     | Latitude: <u>34° 50' 39" N</u> Longitude: <u>88° 24' 52" W</u>   |
| Mailing Address: <u>P.O. Box 1388</u>  | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, <u>Hand-held</u> GPS, Survey-grade GPS |
| <u>CORINTH MS 38835</u><br>City State Zip Code                               | <u>SW 1/4 SW 1/4 Sec 1 Twn 35 Rng 8E</u>   |
| Telephone No: <u>(662) 286-6689</u>  | Distance Direction Nearest Town<br><u>5</u> Miles <u>EAST</u> of <u>CORINTH</u>                            |

**Well / Borehole Data**

Date drilling started: \_\_\_\_\_ Date drilling completed: \_\_\_\_\_ Hole depth: 530 Hole diameter: \_\_\_\_\_

Location of the source of any surface water used for drilling: ALCORN CO. WATER  
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): MGS

Purpose of borehole (check one): Water Well \_\_\_\_\_ Geotechnical/Geological Investigation \_\_\_\_\_ Ground Source Heat Pump \_\_\_\_\_  
Seismic Survey \_\_\_\_\_ Other (describe) TEST WELL

**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 WELL

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

Static Water Level: 205 feet above or below (circle one) land surface Date measured: 4/20/2005

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

Well depth: 460 Well grouted to a depth of TEST WELL feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: STEEL feet Casing diameter: 6 inches Type of casing: STEEL

Screen length: 40 feet Screen diameter: 4 inches Type of screen: SS

Screen slot size: .015 inches Setting depth: From 420 feet to 460 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-SW-17  
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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: \_\_\_\_\_  
 Date completed: \_\_\_\_\_  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: L-60  
 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 COUNTY WATER ASSN</u>    | Latitude: <u>34 50 39 N</u> Longitude: <u>88 24 52 W</u>     |
| Mailing Address: <u>PO BOX 1388</u>            | Method of Lat/Long (check one): Conventional Survey _____    |
| <u>CORINTH MS 38835</u><br>City State Zip Code | USGS quad <u>Hand-held</u> GPS _____, Survey-grade GPS _____ |
| Telephone No. <u>(662) 286-6689</u>            | _____ 1/4 _____ 1/4 Sec <u>1 T 3 S R 8 E</u>                 |
|  | Distance Direction Nearest Town                              |
|  | <u>5 Miles EAST of CORINTH</u>                               |

| Pump Type<br>Circle one   | Power Type<br>Circle one   |
|---|--|
| Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/> | Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> |
| Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>                      | Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>           |
| Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>            | Windmill <input type="checkbox"/> Other (specify): _____   |
| Other (specify): <u>TEST PUMP</u>   | Horse Power Rating of Motor: <u>TEST PUMP</u>  |
| Date Pump Installed: _____  | Setting Depth: _____ feet  |
| Rated Pump Capacity: _____ Gallons Per Minute   | Number of Stages: _____  |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one  |
|--|--|
| Date Well Tested: <u>4-20-</u>                                 | Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/> |
| Static Water Level (A): <u>205.25</u> Feet Below Land Surface  | Other (specify): _____   |
| Pumping Water Level (B): <u>264.00</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet  |
| Drawdown [(B) - (A)]: <u>58.75</u> Feet Below Land Surface     | Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping  |
| Test Pumping Rate: <u>48</u> Gallons Per Minute                |  |
| Duration of Pump Test (minimum 4 hours): <u>21</u> hours       |  |

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

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Form: OLWR 2007 R-1B  
 DEC 26 2007

BY: OLWR