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

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 #:			
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.

Department at the above address within 30 days of comp	oletion of drilling of the well or borehole.			
Information on Well Owner	Well or Borehole Location			
(Landowner if borehole is not for a water well)	7 11 1 21 0 - 199 h 7 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Owner Name ALCORN CO WATER THE	Latitude: 34 °50 '39 11' Longitude: 88 °24 '52 25			
Mailing Address: P.O. Rox 1388	Method of Lat/Long (circle one): Conventional Survey,			
Maning Address: / 10, / 200	USGS quad, Hand-held GPS, Survey-grade GPS			
COP: 117. ms 38835	5W 1/4 SW 1/4 Sec / Twn 3 5 Rng 8/E			
City State Zip Code	Distance Direction Nearest Town			
	Distance Direction Nearest Town Miles FAST of Colinth			
Telephone No. 662) 286 - 6689	,			
W.H/D	L.I. D.			
Well / Bore	noie Data			
Date drilling started: Date drilling completed:	· · · —·			
Location of the source of any surface water used for drilling: Method of dosing and volume of Chlorine used in drilling and development.	ALCOLN CO WARRA			
Method of dosing and volume of Chlorine used in drilling and devel	opment: 5 PPM			
	· · · · · · · · · · · · · · · · · · ·			
Logs run (circle all applicable): No log run Electric Gamma Ray Name of organization running log(s): MGGS	Density Sonic Neutron Other:			
waite of organization futuring log(s).				
Purpose of borehole (check one): Water Well Geotechnical/Geole	ogical Investigation Ground Source Heat Pump			
Seismic Survey Other (describe	TESC			
If drilling is not related to water well construction				
If white is not remen to were were 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 O	ther (describe)			
Static Water Level: 205 feet above or below (circle one) land surface Date measured: 4/20/2005				
Static Water Level:feet above or below (circle one) la	and 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 feet Type of grout (circle one): Neat Cement Bentonite Mix				
Casing length: 3 TEEL feet Casing diameter: 6 inches Type of casing: 57KEL				
Screen length: 40 feet Screen diameter: 4	inches Type of screen: S S			
Screen slot size:inches Setting depth: From	420 feet to 460 feet			
Type of completion (circle all applicable): Gravel packed Undern	reamed Telescoped Open hole Natural Development			
Other (describe):				
Top of lap pipe or reduction in casing:feet. If tell	escoped or more than one screen, describe on next page			

PEC 2 6 2007 BY: OLW P

The sketch	helow	only r	enuired	for	water	wells

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

Ground Level	, 1	Description of Formations Encountered		To (depth)
_		CLAY	Ground Level	10
		SAND	10	162
		CLAY	162	220
		SANDY-CLAY	720	256
		CLAY	25%	372
		SANO	372	530
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				.L
If more than one coreen s	how 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.
I WATEL PHANT
· TEST WELL
Landowner Name: AhCarn Courag WARL
Form: OLWR-SWR-1

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable require Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

		~· .
Drive Name of Dognamaible Licenses and License No.	Data	Signature of

Signature of Licensee RECEIVED

Raykurn Parks

BY: OLWR

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County: ALCORN

Permit #:

Driller:

Date completed:

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 #:

Copy information from block on Part 1 (601)354-6938 (fax)

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: ALCOPN COUNTY WATER SEN,	Latitude: 34 50 39 Longitude: 98 245 2 W			
Mailing Address: 10 Be X 1388	Method of Lat/Long (check one): Conventional Survey,			
	USGS quadHand-held GPS, Survey-grade GPS			
City State Zip Code	¼¼ Sec / T 3 S R 8/E			
	Distance Direction Nearest Town			
Telephone No. (462) 286 - 4689				
Pump Type	Power Type			
Circle one	Circle one			
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas			
Bucket Piston Turbine	Electric Motor Hand Tractor PTO			
Centrifugal Rotary Flowing Well	Windmill Other (specify):			
Other (specify): TEST Quiff	Horse Power Rating of Motor: TEST Puff			
Date Pump Installed:	Setting Depth:feet			
Rated Pump Capacity:Gallons Per Minute	Number of Stages:			
Pump Test Data	Method of Measuring Water Level Circle one			
Date Well Tested: 4-20-	Air Line Electric Measuring Line Steel Tape			
Static Water Level (A): 205, 25 Feet Below Land Surface	Other (specify):			
Pumping Water Level (B): 264,00 Feet Below Land Surface	Outer (specify).			
Drawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet			
Test Pumping Rate: 48 Gallons Per Minute	Well yieldedGPM with a drawdown of			
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping			

	I HEREBY CERTIFY that the above statements are true to the best of	f my knowledge.	
			RECEIVED
	Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	HEULIV
,			Fg[m; Q]_WF7607R-1B

DEC Y W ROOM R-1E