

County: Alcorn
 Permit #: MS-000-16307
 Driller: Bill
 Date drilling completed: 9-22-06

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 #: 461
 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>Alcorn County Water Ass.</u>	Latitude: <u>34° 50' 31" N</u> Longitude: <u>88° 24' 51" W</u>
Mailing Address: <u>PO Box 1388</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Cosinth</u> <u>MS</u> <u>38834</u> City State Zip Code	<u>14</u> <u>14</u> <u>1</u> <u>35</u> <u>8E</u> Twp Rng
Telephone No. () _____	Distance Direction Nearest Town Miles of _____

Well / Borehole Data

Date drilling started: 7-11-06 Date drilling completed: 9-22-06 Hole depth: 505 Hole diameter: 9 7/8"

Location of the source of any surface water used for drilling: N/A

Method of dosing and volume of Chlorine used in drilling and development: Pumping / 15 gal

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

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: 220' feet above or (below) (circle one) land surface Date measured: 9/26/06

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

Well depth: 500 Well grouted to a depth of 415 feet Type of grout (circle one): Best Cement Bentonite Mix

Casing length: 415 feet Casing diameter: 12 inches Type of casing: AS3-Steel

Screen length: 80 feet Screen diameter: 8 inches Type of screen: Johnson

Screen slot size: 0.020 inches Setting depth: From 420 feet to 500 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: 360 feet. *If telescoped or more than one screen, describe on next page*

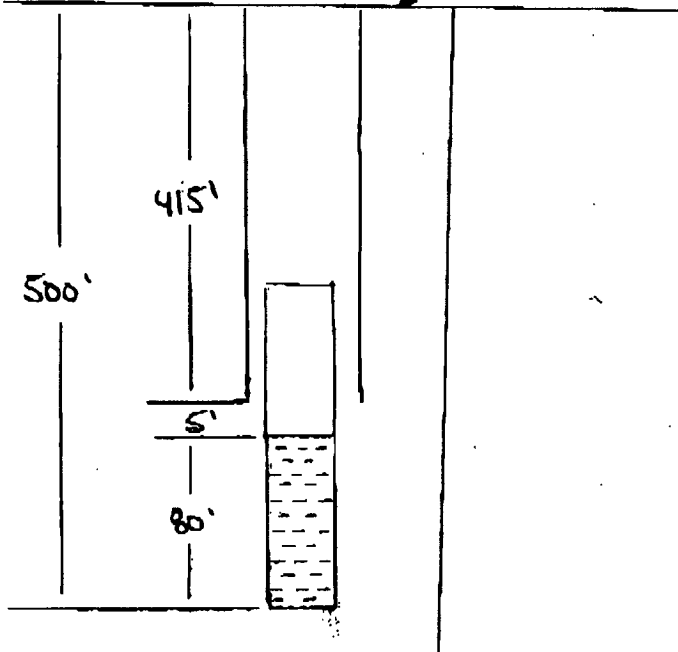
Form: OLWR-SWR-1A

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level 



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)
Clay	Ground Level	23
Sand / Clay	23	46
Clay	46	69
Clay	69	92
Sand	92	115
Sand	115	138
Sand / Clay	138	161
Clay / Sand	161	184
Clay	184	207
Clay	207	227
Clay	227	247
Clay / Rock	247	267
Rock / Clay	267	287
Clay	287	307
Clay	307	330
Clay	330	353
Clay / Rock / Clay	353	376
Clay / Sand	376	399
Rock	399	422
Gravel	422	445
Gravel	445	465
Gravel	465	485
Gravel / Rock	485	505
Gravel / Rock	505	525

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: _____

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.

Donald E Smith 0-767
Print Name of Responsible Licensee and License No.

10/17/06
Date

Donald E Smith
Signature of Licensee

STATE WELL REPORT

County: Alcorn
 Permit #: MS-60-16307
 Driller: Donald Smith Co
 Date completed: 11/26/06
Copy information from block on Part I

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 #: LC1
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part I 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>Same as 1st sheet</u>	Latitude: <u>Same as 1st sheet</u> Longitude: <u>Sheet</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey _____
_____	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

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>75</u>
Date Pump Installed: <u>9/24/06</u>	Setting Depth: <u>340</u> feet
Rated Pump Capacity: <u>500</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9/26/06</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>220</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>320</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>100</u> Feet Below Land Surface	Well yielded <u>506</u> GPM with a drawdown of
Test Pumping Rate: <u>506</u> Gallons Per Minute	<u>100</u> feet after <u>25</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>25</u> hours	

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

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

Donald E Smith
 Signature of Pump Installer