Well No. M 53

Site ID: 3350 23 0 88 43 50 1

Lat. Long.: 33.50 26 10 08 43.50

Well No.: 12 M 0 S 3

Location: N 28, E 14 S 50 E

Alt.: 270

Date: 21 09 17 19 81

Source: D

Date: 159 10 23 1 9 81

Owner: CCM W A

Date: 193 1 1 1

Temp.: 196 000 10 197

Cond.: 196 000 95 197

pH: 196 004 00 197

Date: 60 10 1 2 3 1 9 81

Drill: 4 7 4

Remarks: Parks & Parks

Finish: 66 15

Top cong: 77 30

Bot. cong: 78 35 0

Diam. 79 8

Top cong: 77 32 0

Bot. cong: 78 35 0

Diam. 79 4

R 76 T 4 59 17 380 78 412 79

R 82 T 4 59 1 Top 83 35 0 Bottom 84 38 0

Type 85 S Diam. 87 4 Size 88

Type 85 S Diam. 87 4 Size 88

Yield: 146

Q 147 1 Q 150 1 5 0

Q/S 272
R=62
LIFT
T= A
Lift type 43# S
Intake 44# Z, 4# E
Power type 45# E

Date 36-1.0/23/1981 H.P. 46# Z, 0# E

R=198
Lou 199# E
Top 200# Z, 8# S
Bot 201# .7, 0, 6# E

R=198
Lou 199# D
Top 200# .0# E
Bot 201# .6, 0, 0# E

R=198
Lou 190# O 53#
Bot 191# M I S S D I S T I A

R=114
Year 115# 1%
117# 1%

R=90
T= A
256# 1 #
Top 91# 2, 8, 0#
Bot 92# .6# E

Unit ID 93# Z, I, E, U, T, W Name of Unit

R=90
T= A
256# 1#
Top 91# .8# E
Bot 92# .6# E

Unit ID 93# Name of Unit

R=98
T= A
99# 1#
Unit tested 100# 1%
103# 1%

R=105
T= A
99# 1#
Test No. 106# 1%

R=121
T= T
Ir 122# 1%
Network 258# 1%

Water Level Data Collection (1)

pumped 252# 118`
134 d @ 150 gpm = 1.1 gpm/ft

N A

V 53

Sketch 8
# Public Water Supply Annual Report

<table>
<thead>
<tr>
<th>Name of Water Supply</th>
<th>C.C.M. Est.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Water Supply (PWS) ID Number</td>
<td>090023</td>
</tr>
<tr>
<td>County</td>
<td>Chickasaw</td>
</tr>
</tbody>
</table>

Official Public Water Supply Address (This is the address where all official correspondence is received)

| Attention | Darnell Perry |
| Daytime Phone | (601) 441-2783 |
| Address | Rt. 2, Box 249-2, Okolona, MS 38860 |

Monthly Bacteriological Sample Results Should be Mailed to: (Complete if different from official water supply address in above section)

| Attention | Same |
| Daytime Phone | (____) |

Owner/Responsible Official of System (President, mayor, or owner of the water system)

| Name | Darnell Perry |
| Address | Rt. 2, Box 249-2, Okolona, MS 38860 |
| Home Phone | (601) 441-2783 |
| Work Phone | (601) 369-8111 Ext. 2282 |

Water Superintendent/Operator (To be completed by the person who directly supervises and is personally responsible for the daily operation and maintenance of this water system. Must be certified by Mississippi State Department of Health for a community water supply)

| Name | Darnell Perry |
| Address | Rt. 2, Box 249-2, Okolona, MS 38860 |
| Home Phone | (601) 441-2783 |
| Work Phone | (601) 369-8111 Ext. 2282 |

Mississippi State Department of Health Certification Number | 01789 |
Expiration Date | 8/1/93 |

I certify that I am the person who directly supervises and is personally responsible for the daily operation and maintenance of this public water system and I do hold a valid Certificate of Competency as required by Sections 21-27-201 through 21-27-211, Mississippi Code of 1972, Annotated. Signed this 20 day of March 1992.

Signature of Operator | Darnell Perry |

Secretary/Treasurer/Bookkeeper

| Name | Theo Boyd |
| Address | Rt. 2, Box 194, Okolona, MS 38860 |
| Home Phone | (601) 369-8546 |
| Work Phone | (____) |

## System Information

1. How many usable sources of water (wells for groundwater systems, purchase points if buying water, etc.) does this system have?
   - Wells = 1
   - Purchase Points =
   - Surface Water =
   - Other =

2. How many active connections on this system?

3. How many people does this system serve?

4. How many gallons of water did this system sell during the last calendar year (January-December)?
   - 79,160

5. What was the peak month for water sales during the last calendar year and how many gallons of water were sold during that month?
   - Month of October
   - Gallons Sold = 19,160

6. The charge to the customer for the 1st 3,000 gallons of water is $9.00

This Annual Report is to be completed and returned to the Division of Water Supply no later than February 29, 1992. Information from this report will be used to update our files and determine compliance with the laws and regulations governing public water supplies in Mississippi. Return the completed report to: Division of Water Supply, P.O. Box 1700, Jackson, Mississippi 39215-1700.

Who completed this report? Name: Darnell Perry

Signature | Darnell Perry

Date | 3/20/92

Mississippi State Department of Health

Revised 12-17-91

Form No. 903

White Copy = Training & Certification
Canary Copy = Compliance Branch
Pink Copy = Water System
Goldensrod Copy = Regional Engineer
<table>
<thead>
<tr>
<th>LANDOWNER:</th>
<th>CCM Water Association, P.O. Box 204</th>
<th>description of formations encountered</th>
<th>from</th>
<th>to</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Manual Delius, 3514 Martin Drive</td>
<td>Clay + Clay</td>
<td>0</td>
<td>225</td>
</tr>
<tr>
<td>WELL LOCATION:</td>
<td>sec. 24 T. R. 11 S.</td>
<td>Fine sand + clay + gravel</td>
<td>225</td>
<td>284</td>
</tr>
<tr>
<td></td>
<td>18 miles East of Hattiesburg</td>
<td>Fine sand + gravel</td>
<td>284</td>
<td>340</td>
</tr>
<tr>
<td>WELL PURPOSE:</td>
<td>Home, irrigation (municipal, industrial)</td>
<td>Fine sand + gravel</td>
<td>340</td>
<td>360</td>
</tr>
<tr>
<td>WELL COMPLETION DATA:</td>
<td></td>
<td>Fine sand + gravel</td>
<td>360</td>
<td>580</td>
</tr>
<tr>
<td></td>
<td>8&quot; X 4&quot;</td>
<td>Fine sand + gravel</td>
<td>580</td>
<td>600</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(1) diameter (inches)</th>
<th>8&quot; X 4&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>(2) total depth (feet)</td>
<td>422</td>
</tr>
<tr>
<td>(3) static water level (feet) below top of ground</td>
<td>120</td>
</tr>
<tr>
<td>(4) casing (material)</td>
<td>Steel 355</td>
</tr>
<tr>
<td>(5) screen (length)</td>
<td>40'</td>
</tr>
<tr>
<td>(6) pump (HP)</td>
<td>25</td>
</tr>
<tr>
<td>(7) electric (type power)</td>
<td>Electric</td>
</tr>
<tr>
<td>(8) how well bottom plugged</td>
<td>R. P.</td>
</tr>
</tbody>
</table>

DRILLERS REMARKS:
If well telescopes please sketch and show depths.

SECTION

Please indicate well location X.

ADDITIONAL INFORMATION

Hit Sandstone formation about 590' (gravel).

If more than one screen, show locations of each on sketch.
DEPARTMENT OF ENVIRONMENTAL QUALITY – OLWR
PUBLIC SUPPLY WELLS PROJECT

GPS LOG

USER NAME(S): AH / m2
DATE: 7/14/95

UNIT DEQ #: cc 002 23-01 ELEV: 270
FILE #: A071421C

HEALTH DEPT. #: cc 002 23-01 ELEV:

USGS #: M53
OLWR #: GW12493

OWNER: CCM QUAD: PRAIRIE

LOCATION: S 24 T 14 S R SE
COUNTY: Champaign

LOCATION DESCRIPTION: 1/2 mi. East of Houston

CASYING DIAM : PUMP TYPE AND SIZE:

GPS FIELD LOCATION: LAT: 33 50.430 N LONG: 88 43.797 W

GPS CORRECTED: LAT: 33 44.050 N LONG: 88 729994

REMARKS: GPS coord cont of pump house

0298
Well House

1 mile to well house from intersection

Hwy. 8

hwy. 45 alt.

C. C. M. Inc.