

County: HINDS  
 Permit #: MSGW-16354  
 Driller: LAYNE-CENTRAL  
 Date Drilling Completed: 6/15/07

**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 #: K-113  
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name <u>NORTH HINDS WATER ASSOCIATION</u>	Latitude: <u>N 32° 18.962'</u> Longitude: <u>W 90° 29.135'</u>
Mailing Address: <u>PO DRAWER 300</u>	Method of Lat/Long (circle one): <u>18-58</u> Conventional Survey <u>29-08</u>
<u>FLORA</u> <u>MS</u> <u>MS</u>	USGS quad, <u>Hand-Held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NW</u> ¼ <u>NW</u> ¼ Sec <u>2</u> Twn <u>5N</u> Rng <u>3W</u>
Telephone No. ( <u>601</u> ) <u>981.1657</u>	Distance Direction Nearest Town <u>2.9</u> Miles <u>S - SW</u> of <u>BOLTON</u>

**Well / Borehole Data**

Date drilling started: 3/16/07 Date well drilling completed: 6/15/07 Hole depth: 1972' Hole diameter: \_\_\_\_\_

Location of the source of any surface water used for drilling: \_\_\_\_\_

Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

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

Name of organization running log(s): LAYNE-CENTRAL, JACKSON, MS

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 flowing, method of flow regulation: Valve  -- Other (describe) --

Static Water Level: 289 feet above or  below (circle one) land surface Date Measured: 6/5/07

Method of Measurement (circle one) steel tape  electric tape  air line Other: --

Well depth: 1972' Well grouted to a depth of: 1790 feet Type of grout (circle one):  Neat Cement  Bentonite  Mix

Casing length: 1790 feet Casing diameter: 12 inches Type of casing: STEEL

Screen length: 60 feet Screen diameter: 8 inches Type of screen: STAINLESS

Screen slot size: 0.025 inches Setting depth: From 1800 feet to 1860 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: 1716 feet. ***If telescoped or more than one screen, describe on back of page.***

Form: OLWR-SWR-1A

**RECEIVED**  
**AUG 22 2007**  
**BY: OLWR**



### 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: HINDS  
 Permit #: MSGW-16354  
 Driller: LAYNE-CENTRAL  
 Date Completed: 11/29/07

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: K-113  
 Elevation: \_\_\_\_\_

This part of the report must be completed by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

Well Owner Information			Well Location		
Owner Name	<u>NORTH HINDS WATER ASSOCIATION</u>		Latitude: <u>N 32° 18.962'</u>	Longitude: <u>W 90° 29.135'</u>	
Mailing Address:	<u>PO DRAWER 300</u>		Method of Lat/Long (check one): Conventional Survey _____		
	<u>FLORA</u>	<u>MS MS</u>	USGS quad _____	Hand-Held GPS <input checked="" type="checkbox"/>	Survey-grade GPS _____
City	State	Zip Code	NW <u>1/4</u>	NW <u>1/4</u>	Sec <u>2</u> T <u>5N</u> R <u>3W</u>
Telephone No.	<u>( 601 ) 981.1657</u>		Distance	Direction	Nearest Town
			<u>3.3</u> Miles	<u>SW</u> of	<u>BOLTON</u>

Pump Type Circle One			Power Type Circle One		
Air Lift	<u>Jet</u>	Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	<u>Piston</u>	<u>Turbine</u>	<u>Electric Motor</u>	Hand	Tractor PTO
Centrifugal	<u>Rotary</u>	Flowing Well	Windmill	Other (specify): _____	
Other (specify):	_____		Horse Power Rating of Motor:	<u>125</u>	
Date Pump Installed:	<u>11/16/07</u>		Setting Depth:	<u>420</u> feet	
Rated Pump Capacity	<u>600</u>	Gallons Per Minute	Number of Stages:	<u>14</u>	

Pump Test Data			Method of Measuring Water Level Circle One		
Date Well Tested:	<u>11/19/07</u>		Air Line	<u>Electric Measuring Line</u>	Steel Tape
Static Water Level (A):	<u>292.8</u>	Feet Below Land Surface	Other (specify): _____		
Pumping Water Level (B):	<u>331.3</u>	Feet Below Land Surface	For flowing well, measured shut in head: _____ feet		
Drawdown [(B) - (A)]:	<u>38.5</u>	Feet Below Land Surface	Well yielded	<u>AT 60 PSI 682</u> GPM with a drawdown of	
Test Pumping Rate:	<u>682</u>	Gallons Per Minute	<u>38.5</u>	feet after	<u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours):	<u>4</u> hours				

I hereby certify that the above statements are true to the best of my knowledge.

DAVE COOK 692  
 Print Name of Pump Installer and License No. (if applicable)

Dave Cook  
 Signature of Pump Installer