

For Office Use Only:

Aquifer: _____

Well #: C46

L. S. Elevation: _____

E-Log #: _____

County: JEFFERSON DAVISPermit #: MS-GW-16697Driller: LAYNE-CENTRALDate drilling completed: 3/2/11

Well Driller Report and Well Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P. O. Box 2309
Jackson, MS 39225-2309
(601) 961-5210
(601) 354-6938 (fax)

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>DOUBLE PONDS WATER ASSOCIATION</u>	Latitude: <u>N 31' 40.777</u> Longitude: <u>W 89' 50.546</u>
Mailing Address: <u>PO BOX 1707</u>	Method of Lat/Long (circle one): <u>Hand-Held GPS</u> Conventional Survey <u>54-32</u>
<u>PRETISS MS 39474</u>	USGS quad, <u>Hand-Held GPS</u> Survey-grade GPS
City State Zip Code	<u>NE 1/4 NE 1/4 Sec 9 Twn 8 N Rng 19 W</u>
Telephone No. (<u>601</u>) <u>792.8631</u>	Distance Direction Nearest Town
	<u>Miles NORTH of PRETISS</u>

Well / Borehole Data

Date drilling started: 2/7/11 Date well drilling completed: 3/2/11 Hole Depth: 285' Hole diameter: 29"Location of the source of any surface water used for drilling: N/AMethod of dosing and volume of Chlorine used in drilling and development: N/ALogs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____Name of organization running log(s): LAYNE CHRISTENSEN COMPANY, JACKSON, MSPurpose 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: 165 feet above or below (circle one) land surface Date measured: 7/7/11Method of Measurement (circle one) steel tape electric tape air line other: --Well depth: 285' Well grouted to a depth of: 235' Type of grout (circle one): Neat Cement Bentonite MixCasing length: 235 feet Casing diameter: 24 inches Type of casing: PVCScreen length: 40 feet Screen diameter: 16 inches Type of screen: STAINLESSScreen slot size: 0.040 inches Setting depth: From 245 feet to 285 feetType of completion (circle all applicable): Gravel Packed Underreamed Telescoped Open Hole Natural DevelopmentOther (describe): --Top of lap pipe or reduction in casing: _____ feet. **If telescoped or more than one screen, describe on next page.**

RECEIVED
Form: OLWR-SWR-1A

MAY 01 2012

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 2309
 Jackson, MS 39225-2309
 (601) 961-5210
 (601) 354-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: C46
 Elevation: _____

County: JEFFERSON DAVIS
 Permit #: MS-GW-16697
 Driller: LAYNE CHRISTENSEN
 Date Completed: 5/23/2011

Copy information from block on Part 1

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>DOUBLE PONDS WATER ASSOCIATION</u>		Latitude:	<u>N 31' 40.777</u>	Longitude: <u>W 89' ^{54.32}50.546</u>
Mailing Address:	<u>PO BOX 1707</u>		Method of Lat/Long (check one):	Conventional Survey _____	
	<u>PRENTISS</u>	<u>MS</u>	USGS quad _____	Hand-Held GPS <input checked="" type="checkbox"/>	Survey-grade GPS _____
	<u>39474</u>		NE <input checked="" type="checkbox"/> ¼	NE <input checked="" type="checkbox"/> ¼	Sec <u>9</u>
City	State	Zip Code	T	<u>8 N</u>	R <u>19 W</u>
Telephone No.	<u>(601) 792.8631</u>		Distance	Direction	Nearest Town
			_____ Miles	<u>NORTH</u> of	<u>PRENTISS</u>

Pump Type Circle One			Power Type Circle One		
Air Lift	Jet	Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	<input checked="" type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify):	_____		Horse Power Rating of Motor:	<u>60</u>	
Date Pump Installed:	<u>5/23/2011</u>		Setting Depth:	<u>270</u>	feet
Rated Pump Capacity	<u>600</u>	Gallons Per Minute	Number of Stages:	<u>5</u>	

Pump Test Data			Method of Measuring Water Level Circle One		
Date Well Tested:	<u>7/7/2011</u>		Air Line	<input checked="" type="radio"/> Electric Measuring Line	Steel Tape
Static Water Level (A):	<u>153</u>	Feet Below Land Surface	Other (specify): _____		
Pumping Water Level (B):	<u>190</u>	Feet Below Land Surface	For flowing well, measured shut in head: _____ feet		
Drawdown [(B) - (A)]:	<u>37</u>	Feet Below Land Surface	Well yielded	<u>603</u>	GPM with a drawdown of
Test Pumping Rate:	<u>600</u>	Gallons Per Minute	<u>195</u>	feet after	<u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours):	<u>4</u> hours				

This is for (circle one) New Well Replacement of Existing Pump Repair of Existing Pump

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) Signature of Pump Installer

Dave Cook RECEIVED
 MAY 01 2012

BY: OLWR