

County: LAMAR

Permit #: GW-16355

Driller: LAYNE-CENTRAL

Date Drilling Completed: 5/31/07

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 #: E-283

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 LAMAR WATER ASSOCIATION</u>	Latitude: <u>N 30' 18.329</u> Longitude: <u>W 089' 24.550</u>
Mailing Address: <u>4906 OLD HIGHWAY 11</u>	Method of Lat/Long (circle one): <u>318 20</u> Conventional Survey <u>3924 33</u>
<u>SUITE 8</u>	USGS quad, <u>Hand-Held GPS</u> , Survey-grade GPS
<u>HATTIESBURG MS 39402</u>	SE <u>1/4</u> SW <u>1/4</u> Sec <u>16</u> Twn <u>4N</u> Rng <u>14W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (<u>601</u>) <u>264-1159</u>	<u>5</u> Miles <u>WEST</u> of <u>HATTIESBURG</u>

Well / Borehole Data

Date drilling started: 3/19/07 Date well drilling completed: 5/31/07 Hole depth: 1295' Hole diameter: 12"

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: 382 feet above or below (circle one) land surface Date Measured: 5/31/07

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

Well depth: 1260 Well grouted to a depth of: 1210 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 1215 feet Casing diameter: 12 inches Type of casing: STAINLESS STEEL

Screen length: 40 feet Screen diameter: 8 inches Type of screen: STAINLESS STEEL

Screen slot size: 0.020 inches Setting depth: From 1220 feet to 1260 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: 1155 feet. *If telescoped or more than one screen, describe on back of page.*

Form: OLWR-SWR-1A

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The sketch below only required for water wells.

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

If well telescopes, show depths on sketch.

Ground Level

Description of Formations Encountered	From	To
TOP SOIL	0	5
SAND	5	25
SANDY CLAY	25	62
SAND & PEA GRAVEL	62	190
BLUE CLAY	190	310
SAND & PEA GRAVEL	310	780
SANDY CLAY	780	875
SAND	875	930
SAND & LIME STREAKS	930	1040
LIME & SAND STREAKS (HARD)	1040	1095
SAND	1095	1140
CLAY & LIME STREAKS (HARD)	1140	1210
SAND	1210	1270
CLAY	1270	1295

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.

NOT TO SCALE

Landowner's Name: NORTH LAMAR WATER ASSOCIATION, INC.

Form: OSWR-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.

DAVE COOK

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Dave Cook

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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 #: E-283

Elevation: _____

County: LAMAR
Permit #: GW-16355
Driller: LAYNE-CENTRAL
Date Completed: 5/31/08

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>NORTH LAMAR WATER ASSOCIATION</u>	Latitude: <u>N 30' 18.329</u> Longitude: <u>W 089' 24.550</u>
Mailing Address: <u>4906 OLD HIGHWAY 11</u>	Method of Lat/Long (check one): <u>20</u> Conventional Survey <u>33</u>
<u>SUITE 8</u>	USGS quad _____ Hand-Held GPS _____ Survey-grade GPS _____
<u>HATTIESBURG MS 39402</u>	<u>SE</u> ¼ <u>SW</u> ¼ Sec <u>16</u> T <u>4N</u> R <u>14W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. (<u>601</u>) <u>264-1159</u>	<u>5</u> Miles <u>WEST</u> of <u>HATTIESBURG</u>

Pump Type Circle One	Power Type 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): _____	Horse Power Rating of Motor: <u>125</u>
Date Pump Installed: <u>12/11/07</u>	Setting Depth: <u>470</u> feet
Rated Pump Capacity <u>500</u> Gallons Per Minute	Number of Stages: <u>18</u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: <u>5/30/08</u>	Air Line _____ Electric Measuring Line _____ Steel Tape _____
Static Water Level (A): <u>382</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>422</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>40</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____
Test Pumping Rate: <u>520</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): <u>8</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)

Signature of Pump Installer



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BY: OLWR