

County: LAMAR

Permit #: ms-GW-16405

Driller: LAYNE-CENTRAL

Date drilling completed: 11/27/07

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)

For Office Use Only:

Aquifer: _____

Well #: E-291

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 31° 16.619'</u> Longitude: <u>W 89° 20.954'</u> ²⁰ ₅₇
Mailing Address: <u>4906 OLD HIGHWAY 11, SUITE 1A</u>	Method of Lat/Long (circle one): <u>31 16 37</u> Conventional Survey <input checked="" type="checkbox"/>
<u>HATTIESBURG</u> <u>MS</u> <u>39402</u>	USGS quad, <u>SW</u> <u>SE</u> Hand-Held GPS, <input type="checkbox"/> Survey-grade GPS <input type="checkbox"/>
City State Zip Code	<u>NW</u> ¼ <u>NE</u> ¼ Sec <u>36-25</u> Twn <u>4N</u> Rng <u>14W</u>
Telephone No. (<u>601</u>) <u>264-1159</u>	Distance Direction Nearest Town
	<u>6</u> Miles <u>SOUTH</u> of <u>HATTIESBURG</u>

Well / Borehole Data

Date drilling started: 10/26/07 Date well drilling completed: 11/27/07 Hole Depth: 1330' Hole diameter: 12"

Location of the source of any surface water used for drilling: 4" WATER MAIN WAS TAPPED.

Method of dosing and volume of Chlorine used in drilling and development: BLEACH WAS ADDED BY GRAVEL PACK.

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: 339 feet above or below (circle one) land surface Date measured: 11/27/07

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

Well depth: 1280' Well grouted to a depth of: 1200' Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 1200 feet Casing diameter: 12 inches Type of casing: STEEL

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

Screen slot size: 0.020 inches Setting depth: From 1215 feet to 1275 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: 1153 feet. *If telescoped or more than one screen, describe on next page.*

Form: OLWR-SWR-1A
RECEIVED
 SEP 15 2008
 BY: OLWR

E-291

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.

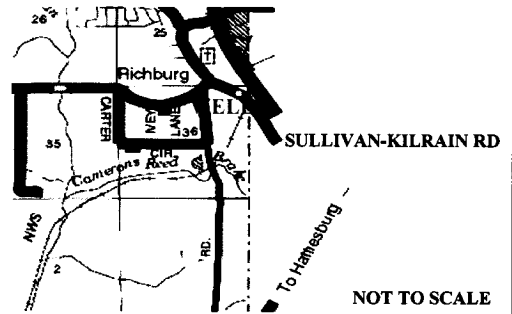
If well telescopes, show depths on sketch.

Ground Level

Description of Formations Encountered	From	To
TOP SOIL	0	2
RED CLAY SANDY	2	25
SAND	25	45
CLAY, WHITE	45	50
SAND	50	115
WHITE CLAY	115	125
SANDY	125	140
WHITE CLAY	140	160
SANDY	160	170
CLAY	170	270
SAND	270	300
SAND; CLAY STREAKS	300	395
SAND	395	435
COARSE SAND; CLAY	435	490
SAND	490	615
CLAY	615	680
SAND & CLAY STREAKS	680	715
SAND	715	820
CLAY STREAKS	820	880
HARD SAND; CLAY STREAKS	880	920
SAND	920	1025
CHALK	1025	1090
SAND	1090	1095
CHALK	1095	1120
SAND	1120	1125
CHALK	1125	1175
SAND	1175	1180
SHALE	1180	1200
SAND & CLAY STREAKS	1200	1250
SAND	1250	1275
HARD SHALE	1275	1350
SAND & CLAY STREAKS	1350	1377
CLAY	1377	1382

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's Name: NORTH LAMAR WATER ASSOCIATION

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.

DAVE COOK

0692

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

RECEIVED

SEP 15 2008

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 #: E291
Elevation: _____

County: LAMAR
Permit #: _____
Driller: LAYNE-CENTRAL
Date Completed: 11/27/07

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 31° 16.619' </u> Longitude: <u> W 89° 20.954' </u>
Mailing Address: <u> 4906 OLD HIGHWAY 11, SUITE 1A </u>	Method of Lat/Long (check one): <u> 37 </u> Conventional Survey <u> 57 </u>
<u> HATTIESBURG </u> <u> MS </u> <u> 39402 </u>	USGS quad _____ Hand-Held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u> NE 1/4 NE 1/4 </u> Sec <u> 36 </u> T <u> 4N </u> R <u> 14W </u>
Telephone No. (<u> 601 </u>) <u> 264-1159 </u>	<u> SW SE </u> Distance <u> 25 </u> Direction <u> SOUTH </u> Nearest Town <u> HATTIESBURG </u>
	<u> 6 </u> Miles <u> SOUTH </u> of <u> HATTIESBURG </u>

Pump Type Circle One	Power Type Circle One
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine	<input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u> 125 </u>
Date Pump Installed: <u> 4/23/08 </u>	Setting Depth: <u> 400 </u> feet
Rated Pump Capacity <u> 500 </u> Gallons Per Minute	Number of Stages: <u> 16 </u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: <u> 9/19/08 </u>	Air Line <input type="checkbox"/> <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): <u> 339 </u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u> 364 </u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u> 25 </u> Feet Below Land Surface	Well yielded <u> 570 </u> GPM with a drawdown of
Test Pumping Rate: <u> 500 </u> Gallons Per Minute	<u> 24.7 </u> feet after <u> 10 </u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u> 12 </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

RECEIVED

DEC 01 2008

BY: OLWR