

County: MADISON

Permit #: MS-GW-16855

Driller: LAYNE-CENTRAL

Date drilling completed: 12/9/2011

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 #: K44

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>WEST MADISON UTILITY DISTRICT</u>	Latitude: <u>N 32° 35.349'</u> Longitude: <u>W 90° 18.010'</u>
Mailing Address: <u>PO BOX 210</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>FLORA</u> MS <u>39071</u>	USGS quad, <u>Hand-Held GPS</u> Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>SE</u> 1/4 <u>NE</u> 1/4 Sec <u>32</u> Twn <u>9 N</u> Rng <u>1 W</u>
Telephone No. (<u>662</u>) <u>417.1634</u>	<u>NW</u> Direction <u>33</u> Nearest Town
	<u>2</u> Miles <u>NE</u> of <u>FLORA</u>

Well / Borehole Data

Date drilling started: 10/21/2011 Date well drilling completed: 12/9/2011 Hole Depth: 1250' Hole diameter: 25"

Location of the source of any surface water used for drilling: N/A

Method of dosing and volume of Chlorine used in drilling and development: N/A

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

Name of organization running log(s): LAYNE CHRISTENSEN COMPANY, 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: 182 feet above or below (circle one) land surface Date measured: 4/11/2012

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

Well depth: 1250' Well grouted to a depth of: 1160' Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 1160 feet Casing diameter: 12 inches Type of casing: STEEL

Screen length: 80 feet Screen diameter: 8 inches Type of screen: STAINLESS

Screen slot size: 0.020 inches Setting depth: From 1170 feet to 1250 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: 1070 feet. *If telescoped or more than one screen, describe on next page.*

Form: OLWR-SWR-1A
 APPROVED
 NOV 11 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 #: K44
 Elevation: _____

County: MADISON
 Permit #: MS-GW-16855
 Driller: LAYNE CHRISTENSEN
 Date Completed: 4/11/2012

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> WEST MADISON UTILITY DISTRICT </u>	Latitude: <u> N 32' 35.349 </u> Longitude: <u> W 90' 18.010 </u>
Mailing Address: <u> PO BOX 210 </u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/>
<u> FLORA </u> <u> MS </u> <u> 39071 </u>	USGS quad _____ Hand-Held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u> SE 1/4 NE 1/4 </u> Sec <u> 32 </u> T <u> 9 N </u> R <u> 1 W </u>
Telephone No. (<u> 662 </u>) <u> 417.1634 </u>	<u> NW </u> <u> 33 </u>
	Distance Direction Nearest Town
	<u> 2 </u> Miles <u> NE </u> of <u> FLORA </u>

Pump Type Circle One	Power Type Circle One
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input checked="" type="checkbox"/> Turbine	<input checked="" type="checkbox"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): <u> -- </u>
Other (specify): <u> -- </u>	Horse Power Rating of Motor: <u> 75 </u>
Date Pump Installed: <u> 2/24/2012 </u>	Setting Depth: <u> 270 </u> feet
Rated Pump Capacity <u> 500 </u> Gallons Per Minute	Number of Stages: <u> 11 </u>

Pump Test Data	Method of Measuring Water Level Circle One
Date Well Tested: <u> 4/11/2012 </u>	<input checked="" type="checkbox"/> Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u> 182 </u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u> 202 </u> Feet Below Land Surface	
Drawdown [(B) - (A)]: <u> 20 </u> Feet Below Land Surface	For flowing well, measured shut in head: <u> -- </u> feet
Test Pumping Rate: <u> 704 </u> Gallons Per Minute	Well yielded <u> 704 </u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u> 8 </u> hours	<u> 205 </u> feet after <u> 8 </u> hours of pumping

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 Dave Cook
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 NOV 17 2012
 BY: OLWR