County: RANKIN		
We	Il Driller Report and Well Log	For Office Use Only:
Permit #:MS-GW-16651 \(\square \) Of	pi Department of Environmental Quality	Aquifer:
Driller: LAVNE CONT.		
Driller: LAYNE-CENTRAL	* · O. DOY / 200	Well #:
Date drilling completed: 7/17/2011	Jackson, MS 39225-2309 (601) 961-5210	L. S. Elevation:
		o. d. Elevation:
State Law requires that this report be prepared Department at the above address within 30 days Information on Well Owner (Landowner if borehole is not for a recommendation)	- (lax)	E-Log #:
Department at the above address within 30 days Information on Well Owner (Landowner if borehole is not for a water well)	by the license holder responsible for the	
(Landowner if borehole is not for a water well) Owner Name CITY OF The Common City Of the	of completion of drilling of the well or h	work and filed with the
Owner Name CITY OF FLOWOOD	Well or Boreh	ole Location
Mailing A 4.1	1	- scatton
Mailing Address: PO BOX 320069	1, 25 21,383	ongitude: W 90' 02.694
	Method of Lat/Long (circle one):	- 02.094
FLOWOOD	LICOS	Conventional Survey
City MS 39232	NW 1	- Stade GPC
State Zip C	ode NW 1/4 NE 1/4 Sec 24 V	T. /
Telephone No. (601) 939.4243	Distance	Iwn 6N Rng 2E
759,4243	Direction 2 Miles	Nearest Town
Date d W.	IVITIES NE	of FLOWOOD
	I / Borehole Data	
Location of the source of any surface water used for drilling: Method of dosing and volume of Clair	Dieted: 7/17/2011 Hole Depth: 1210'	
Method of dosing and volume of Character used for drilling:	N/A 1210'	Hole diameter: 28"
Method of dosing and volume of Chlorine used in drilling and class run (circle all applicable): No log run (Flank)	levelopment: N/A	
Name of organization runs: No log run Electric Ga		
Name of organization running log(s): LAYNE CHRISTENS	EN COMPANY Sonic Neutron	Odl
Purpose of borehole (check one): Water Well Geotec	EN COMPANY, JACKSON, MS	Other:
Geotec	chnical/Geological Investigation	
outside Survey	Other (d	nd Source Heat Pump
If drilling is not related to water well	(4000/100)	<i>-</i>
Purpose of Well (check one): Home Industrial Purpose	onstruction, skip the remainder of this block.	
If flowing, method of flow regulation: Valve	Juddin V . I	
Static Water Level: 388 fact	Cultule (Other:
- Icel above	Other (describe)	
Method of Measurement (circle and)	rcle one) land surface Date measured	
Well death, el	curic tane	3/8/2012
Well grouted to a depth of: 1075'	other:	
Casing length: 1075 feet Casing di	Type of grout (circle one): Neat Cement	Ponts :
Screen length: 120	20 :	Bentonite Mix
Screen diameter:	Type of casing:	STEEL
inches	Type of screen.	STAINLESS
(officie all applicable).	etting depth: From 1080 feet to	
Unc	Telescoped -	1200 feet
Top of lan pine or red	relescoped Open Hole	Vatural Development
pipe of reduction in casing:		í
reet. II	telescoped or more than one screen, describe	
	escribe	on next page.

Form: OLWR-SWR-TA AUG 1 / 2012

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.

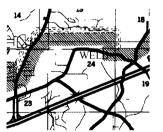
I	f well	telesco	pes. sho	w depth	s on	sketch.

Ground Level	Description of Formations Encountered	From	То
	TOP SOIL	0	5
	YELLOW CLAY	5	35
	CLAY & SHALE STREAKS	35	190
	SHALE & CLAY STREAKS	190	430
	FINE SAND	430	490
	SANDY SHALE	490	600
	FINE SAND	600	710
	HARD SHALE	710	730
	FINE SAND	730	790
	HARD SHALE	790	950
	SANDY SHALE	950	1040
	SAND	1040	1220
	HARD SHALE	1220	1270
If more than one screen, show location of each	ch on sketch	-	-

If more than one screen, show location of each on sketch.

Sketch th	he 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.

NORTH



NOT TO SCALE

Landowner's Name:

CITY OF FLOWOOD

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

Print Name of Responsible Licensee and License No.

State Well Report

County: RANKIN Permit #: MS-GW-16651 Part 2 Pump Installer's Completion Report Mississippi Department of Environmental Quality Office of Land and Water Resources P. O. Box 2309 Part 2 Aquifer:	
Permit #: MS-GW-16651 Mississippi Department of Environmental Quality Office of Land and Water Resources P. O. Box 2309	
P. O. Box 2309	
Driller: LAYNE-CENTRAL Jackson, MS 39225-2309 Well #: F89	
(601) 961-5210	
Date Completed: 3/8/2012 (601) 354-6938 (fax) Elevation:	
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 re	port
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 CITY OF FLOWOOD Latitude: N 32' 21.383 Longitude: W 90' 02.	694
Mailing Address: PO BOX 320069 Method of Lat/Long (check one): Conventional Sur	vey
USGS quad Hand-Held GPS ✓ Survey-grade C	
	2E
FLOWOOD MIS 37232 NW 7 IND 7 Sec 21	
City State Zip Code Distance Direction Nearest Tow	vn
Telephone No. (601) 924-4243 2 Miles NE of FLOWOO	D
Pump Type Power Type	
Circle One Circle One	
Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural C	Gas
Bucket Piston Turbine Electric Motor Hand Tractor F	ОТО
Centrifugal Rotary Flowing Well Windmill Other (specify):	
Other (specify): Horse Power Rating of Motor: 400	
Date Pump Installed: 1/26/2012 Setting Depth: 500 feet	
Rated Pump Capacity 1750 Gallons Per Minute Number of Stages: 8	
Pump Test Data Method of Measuring Water Level Circle One	
Date Well Tested: 3/8/2012 Air Line Electric Measuring Line Steel	Гапе
	Tape
	eet
Test Pumping Rate: 1906 Gallons Per Minute Well yielded 1906 GPM with a drawdown	
Duration of Pump Test (minimum 4 hours): 25 hours 41 feet after 25 hours of pun	nping
This is for (circle one) New Well Replacement of Existing Pump Repair of Existing Pump	
Repair of Existing Pump	
I hereby certify that the above statements are true to the best of my knowledge.	
A Substitution of the field of the object of the kilowicage.	
DAVE COOK 692	-
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer	TIVE