

# State Well Report

## Part 1

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)

County: Jackson  
 Permit #: \_\_\_\_\_  
 Driller: Lyman Well  
 Date drilling completed: 9/18/08

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: C-127  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Jackson County Utility Authority</u>	Latitude: <u>30° 42' 08"</u> Longitude: <u>88° 32' 46"</u>
Mailing Address: <u>1225 Jackson Ave.</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Pascagoula</u> <u>MS</u> <u>39567</u>	<u>NW 1/4 NW 1/4</u> Sec <u>13</u> Twn <u>4S</u> Rng <u>6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(228) 762-0119</u>	Miles _____ of _____

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Test Well

Date well drilling started: 9/18/08 Date well drilling completed: 9/20/08

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 39.9 feet above or below (circle one) land surface Date measured: 9/20/08

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

Hole depth: 700 Well depth: 606 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 566 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: Saw

Screen slot size: .008 inches Setting depth: From 566 feet to 606 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: \_\_\_\_\_ feet. If telescoped or more than one screen, describe on back of page

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

Name of organization running log(s): MDEQ

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Josh Hadner 0-640  
Print Name of Water Well Contractor and License No.

[Signature]  
Signature of Water Well Contractor

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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 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

County: Jackson  
Permit #: \_\_\_\_\_  
Driller: Lyman Well  
Date completed: 9/20/08

**For Office Use Only:**  
Aquifer: \_\_\_\_\_  
Well #: C-1267  
Elevation: \_\_\_\_\_

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Jackson County Utility Authority</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1225 Jackson Ave</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Pasc</u> <u>MS</u> <u>39567</u> City State Zip Code	<u>NW</u> <u>NW</u> <u>13</u> <u>45</u> <u>6W</u> ¼ Sec Twn Rng
Telephone No. <u>(228) 762-0119</u>	Distance _____ Direction _____ Nearest Town _____ Miles of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5HP</u>
Date Pump Installed: <u>9/20/08</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>85</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9/20/08</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>39.5</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>60.6</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>21.1</u> Feet Below Land Surface	Well yielded <u>100</u> GPM with a drawdown of
Test Pumping Rate: <u>100 gpm</u> Gallons Per Minute	<u>21.1</u> feet after <u>24</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Josh Ladner 0-610  
Print Name of Pump Installer and License No. (if applicable)

[Signature]  
Signature of Pump Installer

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OCT 13 2008  
BY: OLWR