

POA 2/17/11

State Well Report

Part 1

County: Jackson
 Permit #: _____
 Driller: Hyman Well
 Date drilling completed: 9/22/08

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 #: C-128
 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: _____ Longitude: _____
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>Pasc.</u> <u>Ms</u> <u>39567</u>	<u>NW 1/4 NW 1/4 Sec 13</u> Twn <u>45</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: _____

Date well drilling started: 9/22/08 Date well drilling completed: 9/22/08

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

Static Water Level: 39.8 feet above or below (circle one) land surface Date measured: 9/22/08

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

Hole depth: 470 Well depth: 466 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 440 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4 inches Type of screen: Saw

Screen slot size: .008 inches Setting depth: From 440 feet to 470 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): NO

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 Ladner - 0640
 Print Name of Water Well Contractor and License No.

Josh Ladner
 Signature of Water Well Contractor

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 OCT 13 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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: C-128
 Elevation: _____

County: Jackson
 Permit #: _____
 Driller: Lyman Well
 Date completed: 9/23/08

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
City: <u>Pasc.</u> State: <u>MS</u> Zip Code: <u>39567</u>	<u>NW</u> ¼ <u>NW</u> ¼ Sec. <u>13</u> Twn. <u>45</u> Rng. <u>6W</u>
Telephone No. <u>228 762-0119</u>	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>9/23/08</u>	Setting Depth: <u>120</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>9/23/08</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>39.8</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>103.6</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>63.8</u> Feet Below Land Surface	Well yielded <u>90</u> GPM with a drawdown of <u>63.8</u> feet after <u>25</u> hours of pumping
Test Pumping Rate: <u>90</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>25</u> hours	

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

Josh Kadner 0-640 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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