St	ate Well Report		
County: Jakson	Part 1	For Office Use Only:	
Mississippi De	partment of Environmental Quality	Aquifer:	
Office of	f Land and Water Resources	Well #:	
Driller: hyman Well	P.O. Box 10631 ekson, MS 39289-0631		
Date drilling completed: 9/22/08	(601)961-5210	L. S. Elevation:	
	(601)354-6938 (fax)	E-log #:	
State Law requires that this report be prepared	hy the driller in detail and the term		
To days of completion of drilling of the well.	by the dimer in detail and filed w	ith the Department within	
Well Owner Information		Location	
Owner Name Jackson County Utility Au	threst Laringer	2. I amazinata da a	
120-0 1	Latitude		
Mailing Address: 1225 Jackson Ave	Method of Lat/Long (circle or	ne): Conventional Survey,	
<u> </u>		GPS, Survey-grade GPS	
Pasc. M5 3956- City State Zip Coo	7 NW 14 NW 14 Sec 13	Twn 45 Rng 66	
Telephone No. (238) 762-0119	Distance Direction	Nearest Town	
Telephotie 140. (201) 162 0114	Miles	of	
	Well Data		
Purpose of Well (circle one) Home Industrial Public S	Supply Irrigation Fish Culture	Osham	
Date well drilling stored, 9/22/08		Other:	
Date well drilling started: 4/22/08	Date well drilling completed:	32/08	
If flowing, method of flow regulation: Valve	Other (describe)		
Static Water Level: 31.8 feet above or below (circle one) land surface Date measured: 9/22/08			
Method of Measurement (circle one) steel tape elec		•	
Hole depth: 470 Well depth: 476 Well grouted to a depth of			
Type of grout (circle one): Cement Bentonite Mix			
Casing length: 440 feet Casing diameter: 4 inches Type of casing:			
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:fe	-	Pen describe on book of noce	
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:			
1/2	mia Ray Density Sonic Neutron	Other:	
Name of organization running log(s):			
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	Ch. I. I.		
Print Name of Water Well Contractor and License No.	psi year	YY	
	olignature of	Water Well Contractor	

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C-128

The sheet below one	ridgulacit for	water wells

Description of formations one natural next he provided for all reals and borgholes, unless specifically exampled by resolutions

Description of Fernations Encountered	From (depth)	To (depth)
	Cound Love	
Stra		180
blueclas	80	740
c ourse Sand	240	365
Coarse Band bluechy	365	405
· · · · · · · · · · · · · · · · · · ·	405	425
bluecky	425	7150
bluecky Sand bluecky helium sand bluecky	400	480
bluectu	480	565
<u>medium band</u>	565	630
blueclas	630	700
		
		
		
		
		
I	<u>.i</u>	

Sketch the property layers and include the following: 1) the well location; 2) may permanent structures on the aid in locating the well; 3) may made, power lines, or other terms that may aid in locating the part 4) a month arrow.	property that may operty and the well;
Timber Ridge Revelopment	
Pok teen	
Landowner Name: Gere Koberts	two well

I carriey that the well/becahole was driffed, comstructed, and completed in accordance with all applicable requirements of the

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STATE WELL REPORT

Permit #:

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

For Office Use Only:	
Aquifer:	
Weil#:	

Date completed: 9123118 (601)	961-5210 4-6938 (fax) Well #:	
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	
J. V. J.		
Owner Name: Tackson County Utility Authority	Latitude:Longitude:	
Mailing Address: 1225 Jack son Ave	Method of Lat/Long (circle one): Conventional Survey,	
	USGS quad, Hand-held GPS, Survey-grade GPS	
Resc. M5 39567 City State Zip Code	NW 14 NW 14 Sec 13 Twn 45 Rng 66	
	Distance Direction Nearest Town	
Telephone No. (228 762-0119	Miles of	
Pump Type Circle one	Power Type Circle one	
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas	
Bucket Piston Turbine	Electric Motor Hand Tractor PTO	
Centrifugal Rotary Flowing Well	Windmill Other (specify):	
Other (specify):	Horse Power Rating of Motor:	
Date Pump Installed: 9/23/58	Setting Depth:	
Rated Pump Capacity: 65 Gallons Per Minute	Number of Stages: _/O	
Pump Test Data	Method of Measuring Water Level	
Date Well Tested: 9/23/8	Circle one	
Static Water Level (A): 39/8 Feet Below Land Surface	Air Line Steetric Measuring Line Steet Tape	
Pumping Water Level (B): <u>163, 6</u> Feet Below Land Surface	Other (specify):	
Drawdown [(B) - (A)]: 63.8 Feet Below Land Surface	For flowing well, measured shut in head:feet	
Test Pumping Rate:Gallons Per Minute	Well yielded SO GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):	63.8 feet after 25 hours of pumping	
I HEREBY CERTIFY that the above statements are true to the best of my knowledge So hadre 0-6-0 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer		
	DECENT	

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