PaA 2/17/11

	Well Report				
	- Driller's Log For Office Use Only:				
Micsissippi Doport	ment of Environmental Quality Aquifer:				
Permit #: Office of La	nd and Water Resources Well #:				
	kson MS 39225				
Data drilling completed: 5/19/119	L. S. Elevation:				
(601	E-log #:				
State Law requires that this report be prepared by the	e license holder responsible for the work and filed with the				
Department at the above address within 30 days of c					
Information on Well Owner	Well or Borehole Location				
(Landowner if borehole is not for a water well)	Latitude: 30 . 41 . 55 " Longitude: 88 . 32 . 5 70				
Owner Name Jackson County Utility Autho	and				
Mailing Address: 1235 Glack Son AVE	Method of Lat/Long (circle one): Conventional Survey,				
Maning Address:	USGS quad Hand-held GPS Survey-grade GPS				
A	5 <u>E 1/4 5/W 1/4 Sec 13</u> Twn 45 Rng 6W				
Pacazocila M/5 39567 City State Zip Code	NW NW				
City State Zip Code	Distance Direction Nearest Town Milesof				
Telephone No. (29) 762 - 0K9					
· · · · · · · · · · · · · · · · · · ·	Borehole Data				
Date drilling started: $\frac{5/1/0.5}{2}$ Date drilling completed: $\frac{5/1}{2}$					
Location of the source of any surface water used for drilling:	CAJ weter				
Method of dosing and volume of Chlorine used in drilling and o	levelopment:O				
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:					
Purpose of borehole (check one): Water Well / Geotechnical/	Geological Investigation Cround Source Heat Pump				
Seismic Survey Other (des					
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: Test well					
If a flowing well, method of flow regulation: Valve Other (describe)					
Static Water Level: 12 feet above of below (circle one) land surface Date measured: 5/15/05					
Method of Measurement (circle one) steel tape electric tape air line other:					
Well depth:					
Casing length: <u>320</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>P/C</u>					
Screen length: <u>40</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>5</u>					
Screen slot size: 1008 inches Setting depth: From 320 feet to 360 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 next page					
Form: OLWR-SWR-1A (04/08)					

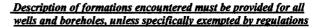
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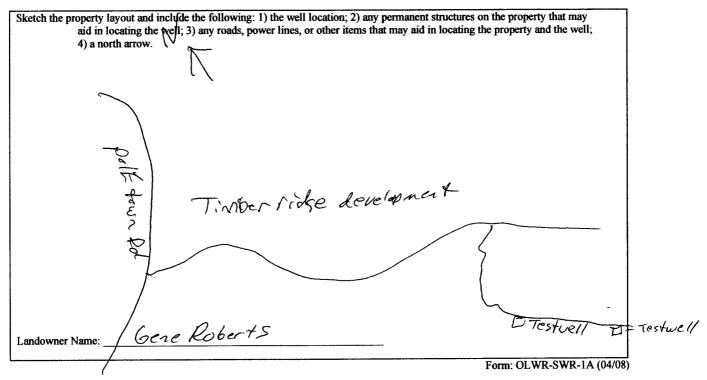
The sketch below only required for water wells

If well telescopes, show depths on sketch. Ground Level...



oth)	To (dep	From (depth)	Description of Formations Encountered
	80	Ground Level	TODSO, 1 + Send
2	230	50	blueclay
1	370	230	Oarse sandforgvel
>	410	370	ratty sand (Fine)
<u></u>	475	410	tiresard
	200	US	Clay
	+		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
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If more than one screen, show location of each on sketch



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. Tosh Ladner 0-640 5/19/09 Print Name of Responsible Licensee and License No. Date

Signature of Licensee

KNRO

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County: <u>Sckson</u> Permit #: Driller: <u>hynen Uell</u> Date completed: <u>5/15/09</u> <u>Copy information from block on Part 1</u>	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 (601)961-5210 (601)961-5228 (fax)		For Office Use Only: Aquifer:				
This part of the report must be completed by a report must be attached and both parts filed w	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	1	Wel	Location				
Owner Name: Jack Son County L Mailing Address: 1225 Jack Son H	Atility Author ty	Latitude: <u>3041 55</u> N	Longitude: 8832274/				
Mailing Address: 1225 Juckesson 4	fie,	Method of Lat/Long (check on	e): Conventional Survey,				
Pascigoula My City State		USGS quad <u>Hand-held</u> $\frac{5E}{N}$ $\frac{1}{N}$ $\frac{1}{N}$ $\frac{1}{N}$ Direction	GPS, Survey-grade GPS / 3 T/ 5 R - 6 - M Nearest Town				
Telephone No. <u>0 78)</u> 76 2 01/9		Miles0	f				
	ubmersible	C Diesel Engine Gasolin	wer Type ircle one e Engine Natural Gas				
	urbine	Electric Motor Hand	Tractor PTO				
	lowing Well		specify):				
Other (specify):			'				
Date Pump Installed: 5/19/09 Rated Pump Capacity: 85 Ga		Setting Depth: Number of Stages:					
Pump Test Data		Method of Me	asuring Water Level				
Pump Test Data Date Well Tested: <u>5/19/09</u> Static Water Level (A): <u>/2</u> Feet Bel Pumping Water Level (B): <u>78</u> Feet Bel			suring Line Steel Tape				
Drawdown [(B) - (A)]: // Feet Bel	low Land Surface	For flowing well, measured st	nut in head:feet				
Test Pumping Rate: //// Ga	llons Per Minute	Well yielded 100	_GPM with a drawdown of				
Duration of Pump Test (minimum 4 hours):	<u>4</u> hours	feet after	hours of pumping				
This is for (circle one): New Well	Replacement of Exi	sting Pump Repair of E	cisting Pump				
I HEREBY CERTIFY that the above statement Josh Ladrer O-640 Print Name of Pump Installer and License No.	/	f my knowledge fest fut Signature of Pump Ir	istaller Form: OLWR-SWR-1C (07-09)				
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			AUG 1 1				

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